



**UNODC**

United Nations Office on Drugs and Crime

Independent Evaluation Section



## Independent Mid-term In-depth Cluster Evaluation of

UNODC Work on Drug Disorder Treatment: UNODC-WHO Programme on Drug Dependence Treatment and Care (GLOK32);

Prevention of illicit drug use and treatment of drug use disorders for children/adolescents at risk (GLOK42);

Treating drug dependence and its health consequences  
/OFID-UNODC Joint Programme to prevent HIV/AIDS  
through Treatnet Phase II (GLOJ71).

GLOK32/GLOK42/GLOJ71

January 2022



**Working towards  
evidence-based  
drug dependence  
treatment and care**

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# ABBREVIATIONS AND ACRONYMS

| Abbreviation or Acronym | Full name   | Abbreviation or Acronym | Full name  |
|-------------------------|---|-------------------------|--|
| ACFR                    | Associazione Casa Famiglia Rosetta  | QA                      | Quality Assurance                                      |
| AIDS                    | Acquired Immune Deficiency Syndrome   | ROCA                    | Regional Office for Central Asia                       |
| CAR                     | Central Asian Region  | SDG                     | Sustainable Development Goal                           |
| CBT                     | Cognitive Behavioural Therapy   | SOS                     | Stop Overdose Safely                                   |
| CBTx                    | Community Based Treatment ( )   | SSE                     | Southeast Europe                                       |
| CLP                     | Core Learning Partners  | SWOT                    | Strengths. Weaknesses. Opportunities. Threats.         |
| CND                     | Commission on Narcotic Drugs  | ToR                     | Terms of Reference                                     |
| COVID-19                | Coronavirus disease/ SARS-CoV-2   | TOT                     | Training Of Trainers                                   |
| C-PAN                   | Child Protection Action Network   | UN                      | United Nations   |
| CSO                     | Civil Society Organisation  | UNDAF                   | United Nations Development Assistance Framework        |
| DAC                     | Development Assistance Committee of the Economic. Cooperation and Development | UNEG                    | United Nations Evaluation Group                        |
| DDR                     | Drug Demand Reduction   | UNGA                    | United Nations General Assembly                        |
| ECOWAS                  | Economic Community of West African States                                     | UNGASS                  | Special Session of the United Nations General Assembly |

**Independent Mid-term In-depth Cluster Evaluation of UNODC Work on Drug Dependence and Treatment (Global Programmes GLOJ71, GLOK32, and GLOK42)**

| <b>Abbreviation or Acronym</b> | <b>Full name</b>  | <b>Abbreviation or Acronym</b> | <b>Full name</b>  |
|--------------------------------|---|--------------------------------|---|
| UNFPA                          | United Nations Population Fund                                | PTRS                           | Prevention, Treatment and Rehabilitation Section                  |
| HIV                            | Human Immuno-deficiency Virus                                 | UNICEF                         | United Nations Children’s Funds                                   |
| INCB                           | International Narcotics Control Board                         | UNODC                          | United Nations Office on Drugs and Crime                          |
| INL                            | Bureau of International Narcotics and Law Enforcement Affairs | UMOJA                          | United Nations' administrative reform initiative, meaning 'Unity' |
| ISSUP                          | International Society of Substance Use Professionals          | UPC                            | Universal Prevention Curriculum                                   |
| MCN                            | Ministry of Counter Narcotics                                 | US                             | United States   |
| MoLSM                          | Ministry of Labour and Social Affairs and Martyred            | UTC                            | Universal Treatment Curriculum                                    |
| MOPH                           | Ministry of Public Health                                     | WHO                            | World Health Organisation   |
| MS                             | MicroSoft   |                                |   |
| MTCT                           | Mother to Child Transmission                                  |                                |   |
| NATO                           | North Atlantic Treaty Organization/North Atlantic Alliance    |                                |   |
| NGO                            | Non-Governmental Organisation                                 |                                |   |
| NPS                            | New Psychoactive Substances                                   |                                |   |
| OFID                           | OPEC Fund for International Development                       |                                |   |

## INTRODUCTION

Drug dependence is considered a multi-factorial health disorder that often follows the course of a relapsing and remitting chronic health condition/disease. Given the individual and socio-economic burden inflicted by drug dependence, access to effective treatment and rehabilitation of patients/clients is of significant public health importance. Science-driven global public health approaches in drug dependence treatment and care have been the springboard of existing good practices and remain the most fertile ground for the development of innovative, multi-disciplinary and effective responses, spanning diversified patient centred pharmacological and psychosocial interventions.

## PROJECT DESCRIPTION AND OBJECTIVES

Three UNODC Global Programmes – UNODC-WHO Partnerships for Treatment and Care of Drug Use Disorders (GLOK32), Prevention of illicit drug use and treatment of drug use disorders for children/adolescents at risk (GLOK42) and Treating drug dependence and its health consequences /OFID-UNODC Joint Programme to prevent HIV/AIDS through Treatnet Phase II (GLOJ71) – aim at supporting Member States in their efforts to provide evidence-based drug dependence treatment and care services for individuals affected by drug use disorders, with special focus on low and middle-income countries.

## PURPOSE, SCOPE AND METHODOLOGY OF EVALUATION

The purpose of this independent mid-term in-depth cluster evaluation was to evaluate how GLOK32, GLOK42 and GLOJ71 have contributed to the implementation of the work of UNODC's Prevention, Treatment and Rehabilitation Section (PTRS), and have supported the UNODC Strategic Framework sub-programme on Countering the World Drug Problem. The evaluation aimed to identify the existing footprint of evidence-based drug use disorder treatment and care programmes efforts undertaken by UNODC and the strengths that should be further promoted and moved forward in line with the WHO/UNODC International Standards for the Treatment of Drug Use Disorders (the Standards, 2020).

The scope of the evaluation covered the full-time span of each programme, from the start of implementation of GLOK32 (May 2010) through the end of evaluation data collection (September 2021). Although the design and implementation of GLOJ71 prior to this date was not covered by this evaluation, the results of previous evaluations (i.e. the evaluation of GLOJ71 that was carried out in 2014) were considered as appropriate. The geographic scope was global, with a focus on Member States and regions with implemented activities, including Africa, Latin America and the Caribbean, Asia and South, Southeast and East Europe.

The evaluation used a cluster approach, aimed at addressing the work of GLOK32, GLOK42 and GLOJ71 as a whole, while also taking into consideration individual programme activities and achievements. Specific focus was given to the following DAC criteria: relevance, efficiency, coherence, effectiveness, impact and sustainability, as well as Human Rights, Gender Equality and Leave No One Behind, and lessons learned and best practices. For the data collection and analysis, the evaluation used a participatory design and a convergent mixed-methods approach (survey, interviews, focus groups, SWOT assessment). Overall, 45 in-depth interviews, 75 surveys and 9 SWOT charts were completed. Triangulation was made across sources and data types, methods, theories and descriptive/statistical analysis; and the analysis assessed and determined the effects of outcomes and impacts (intended or unintended) for different types of duty bearers and rights holders in disaggregated manner. The results are intended for use by UNODC and the PTRS, beneficiary agencies/governments and donors. It will serve as a reference source for the lessons learned from the UNODC global programmes GLOK32/GLOK42 and GLOJ71, for its proper completion, and may also inform the continuation/future development of programmes in this area.

## MAIN FINDINGS

**Relevance:** The three Global Programmes are in line with numerous CND Resolutions, including 58/5, by supporting and advocating for a global shift from a criminal justice stance towards people who use drugs to a health-based one. Programmes are strongly aligned with the new UNODC Strategy 2021-2025 and the UNODC Regional Strategic Visions (approved in 2020); and designed to ensure cohesive messaging in alignment with the Standards and prior documents from which the Standards have evolved. Relevance of the Standards is strongly substantiated by an increasing global concern to find and agree upon a scientific evidence-based set of methods for treating drug use disorders, particularly drug dependency, injecting drug use, and those drug users at risk of HIV and other blood borne diseases. There is still no global standard definition of problem drug use. Added value is that the PTRS and the three Global Programmes have consistently promoted and advocated for strategies, policies, treatment services and capacity building to support the development of such a health response to problem drug use, rather than one based on the criminal justice system: evidence-based treatment and care rather than punishment and sanctions as a response to people who use illicit drugs. Challenges centre on the lack of acceptance of harm reduction as a public health strategy by some Member States. Routes to acceptability can be boosted through the Health and HIV agenda.

**Efficiency:** All three Global programmes have utilised their resources efficiently to achieve their outputs in relation to their inputs, despite hindering factors, such as late funding decisions by donors, delays in pledges, no additional funding for key staff, slow administration of funds, and some originally envisaged project activities still unfunded. A factor constraining efficiency is the amount and regularity of funding received, the strongly donor driven approach to programming and short funding cycles, contributing in some instances to a piecemeal ad hoc approach. The lack of scope for flexibility in some instances led to a mismatch and implementation of short scale funding projects, often not in response to country level needs, and has hindered the natural evolution of programmes. There is a strong need to leverage and attract multiple funders to move beyond the reliance on one or few large donors who come with a particular focus/ethos. Efficiency is highly dependent on the country context and levels of staff turnover, procurement processes and bureaucracy. There is potential for greater efficiency of programmes and activities based on region/country context and needs, as well as on synergies between prevention and treatment of drug use, and prevention and treatment of HIV and coordination with other UNODC mandate areas.

**Coherence:** All three Global Programmes are linked to the thematic programme Strategic Framework Sub-programme on Health and livelihoods: combatting drugs and HIV, and work in close collaboration with other colleagues in PTRS. They have consistently made inputs to CND events marking an important contribution towards increasing awareness amongst Member States about the importance of providing evidence-based treatment and care for people with drug use disorders. They are strongly globally engaged and have based their activities on strong networking to form partnerships with a wide range of organisations and institutions, ensuring synergies and a distinct contribution to the work of the PTRS section. Regional programmes were observed to be very important in providing a platform, maintaining profile and visibility of programmes, as well as showcasing standards and programmes to regional and continental organisations and governments. Active relationship building at the regional levels is less advanced. The development of a UNODC Regional Drug Treatment Advisor, similar to that of the HIV Branch could support programming and the development of regional training hubs. There was evidence of strong multi-disciplinary and inter-ministerial partnerships and collaborations to support operationalisation of programmes and advocating for the Standards. Whilst the NGOs advocating on behalf of people who use drugs was part of the global process (example are the SOS programme and Treatnet Family), this could be further improved across the three global programmes by including more ex-user lived experiences when designing programmes, and when culturally adapting them to certain countries and contexts. Despite the Standards being published years after the three global programs were initiated, their common vision and complementing efforts towards evidence-based treatment and care for people with drug use disorders could be seen. However, the three global programmes would have benefited from a clear, explicit strategy underpinning the three global programmes, individually as well as a collective, from the outset. Having this strategy from the outset could have guided the direction and development of the global programmes in a more clear and collaborative manner.

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**Effectiveness:** Effectiveness of the three global programmes was strong in terms of achieving programme and project goals, outputs and outcomes. All outcome indicators were highly correlated in determining the overall effectiveness of the global programmes with about 86% of survey respondents reporting that the programmes outcomes are either moderately or extremely suitable for: the needs of the target countries and regions on drug use disorder treatment and care; the priorities of the target countries and regions on drug use disorder treatment and care; and the national development goals of the target countries and regions with the needs of the target countries and regions being the key indicator. This is despite having to overcome numerous challenges and difficulties which centred on tight/short implementation cycles, unstable funding, lack of coordination and ground level professional skills and knowledge in the field, lack of data monitoring, change in Ministerial portfolios, low morale among staff due to contract conditions and/or stressful working environments, disease outbreaks (Ebola, COVID-19), security concerns (Afghanistan, Bangladesh) and administrative delays linked to the deployment of Umoja. On occasion, there is a lack of effective follow up to the programmes delivered, particularly the training and its impact on patients/clients. Further development of mentoring, quality assurance, workplace learning and performance management, and clinical audit mechanisms to ensure continued quality and professional learning are warranted.

**Organisational Learning:** There continues to be significant need and potential for the PTRS to continue to work towards shifting perceptions and mindset of UNODC staff, Member States, and beneficiaries that drug use disorders are chronic health disorders capable of treatment like other health disorders. There are identified opportunities to expand and further develop projects on access to controlled substances for medical purposes, with particular emphasis on the treatment of drug use disorders and access to non-controlled substances such as naloxone. There are potential avenues for synergies between operational focus and resources, based on the recognition of the inter-sectionality of HIV prevention and treatment **and** drug use prevention and treatment of drug use disorders. Collective learning is important in application of the Standards and the programmes in different contexts, and the requirement for governments to assume ownership and oversight of programmes and facilities. Sufficient staffing, and the promotion of autonomy in the field office, were identified as key facilitating factors. The ‘hands-on’ approach of PTRS, through staff field visits, was valued, as they enhanced communication with CSO and key policy makers, and enabled site visits to treatment services. Whilst hands-on work in the field is valued and essential, COVID-19 restrictions and the shift toward remote working (including the provision of online training) enhanced efficiency and indicates a reduced importance of excessive travelling to the field. Remote and web-based communication support could further facilitate remote technical assistance going forward, particularly useful in resource limited situations, and when travel restrictions occur.

**Impact:** There is a strong impact in terms of stimulating a global shift away from criminalisation and incarceration of people who use drugs, to that of treatment and care of a chronic health condition model. The three global programmes, along with a range of partner organisations and the support of the PTRS, have played a major role in this shift. The impact on institutions related to policy change has been significant. Advocacy initiatives are likely to have led to several Member States adopting or adapting national policies based on the Standards. Programme reports indicate a lack of impact indicators and did not reflect the significance of the work achieved. The long-term impact of training cascade is not included in this cluster evaluation. The data on client retention/relapse rates is not available for measuring success in terms of outcome data. Impact of the Standards and the three global programmes will only be visible in several years to come when governments, programmes and facilities have more fully adopted the Standards. The new quality standards will play a strong role in supporting change and in ensuring clinical and professional standards are upheld.

**Sustainability:** Donor interest and resources to continue funding for drug demand reduction initiatives may be reduced, as funding is prioritised for their own national post-pandemic needs. Efforts by the PTRS and higher UNODC management are warranted to make sure it remains on donor and international development agendas. There is a need for a longer-term vision, along with mechanisms to support longer programmes of work and not limited to one or few sources of funding with a particular thematic focus. Identifying donors and fund raising needs to be prioritised in work plans. Rebranding and diversifying the PTRS work programme to leverage the human aspect of drug use, particularly the health aspect, and greater collaboration with other sections and thematic areas (Mental Health, NCDs, HIV/AIDS, Criminal Justice, Anti-Corruption, Human Trafficking, Violent Extremism, Counterfeit Medicines, Prison Reform), supported by the complimentary

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mandate of UNODC and WHO offers a pathway toward joint strength and funding, via common budgets, publications and administrative arrangements. Political willingness for government to take ownership of programmes on completion by UNODC, to translate the Standards into national policies, and to continue to support local professionals, and operate programmes and standards is required. Sustainability of training could be further leveraged via organisations such as ISSUP and their regional chapters, and the development of Regional Drug Treatment Advisors.

**Human Rights, Gender Equality and Leave No One Behind:** Programme implementation follows the principles of the right to health and of ‘do no harm’ in all activities, as well as practice that is based on the dignity of people who use drugs and their human rights. In line with UNODC publications, position papers and international political declarations, UNODC promotes voluntary treatment of drug use disorders with informed consent, and has called for an end of punishing, cruel or degrading treatment that is often implemented in the name of ‘drug treatment’. Illicit or non-medical drug use, however, continues to be stigmatised and should not be treated any differently to any other chronic health condition; and efforts are warranted to prevent drug dependence treatment and care being side-lined in many Member States. The ultimate objective is to improve quality and coverage of services to support all people with drug use disorders. Human Rights include the right to health, right to healthcare access, right to dignity and respect, and humane treatment. A project monitoring indicator for human rights to document the extent to which human rights are mainstreamed within the Umoja project monitoring tool could assist. The global programmes have adequately mainstreamed gender equality into their programmes, in terms of equal participation (despite difficulties in including female professionals in some countries) and guidance documents. An area of special concern is that people who use drugs have been additionally isolated, stigmatised and left behind in the COVID-19 pandemic, particularly when facilities closed/access to services were interrupted. Identified vulnerable groups who deserve greater attention in future projects include: the homeless; those living in rural areas or closed settings; those with co-morbid mental health conditions or physical disabilities; indigenous groups; the displaced; the elderly; and those active on the Darknet. Investment in evidence-based standards around treatment of amphetamine type stimulant use disorders and treatment of dual disorders is warranted.

### MAIN CONCLUSIONS

UNODC’s work on drug treatment, prevention, and care, whilst not underpinned by a comprehensive strategy, is remarkable. The three global programmes have consistently promoted and advocated for an evidence-based health centred approach to the treatment and care of drug use disorders, with the needs of people with drug use disorders at its core. Their evolution and relevance are strongly substantiated by an increasing global concern to find and agree upon a scientifically based set of methods for treating drug use disorders, particularly drug dependency, injecting drug use and those drug users at risk of HIV and other blood borne diseases. The programmes are in the right track towards yielding strong impact in terms of stimulating a global shift away from criminalisation and incarceration of people who use drugs, to that of treatment and care of a chronic health condition model –to some extent, impact is already visible in this regard. Human Rights are mainstreamed well, and centre on right to health, right to healthcare access, right to dignity and respect, and human treatment. Sustainable integration of harm reduction within the psycho-social and public health response to drug use, and within the continuum of care at the global level could be improved. Programmes can further integrate and streamline with complementary UNODC global projects and thematic areas (HIV/AIDS, Criminal Justice, Anti-Corruption, Human Trafficking, Violent Extremism, Counterfeit Medicines, Prison Reform). Regional programmes were observed to be very important in providing a platform, maintaining profile and visibility of programmes, as well as showcasing standards and programmes to regional and continental organisations and governments. Quality standards, workplace learning, performance management, clinical audit and client data surveillance warrants continued development in many countries. Treatment of stimulant use disorders and dual disorders are areas for new actions.

## MAIN RECOMMENDATIONS

### 1 – INCREASE STRATEGIC FOCUS FOR FURTHER PROGRAMME DEVELOPMENT

It is recommended that the Chief of PTRS and managers of UNODC global programmes on drug treatment and care continue to advocate for a health response to tackle problem drug use, and lobby for sustainable integration of harm reduction in line with policy mandates given by CND and UNGA within the psycho-social and public health response to drug use disorders, and within the continuum of treatment and care at the global level based on the International Standards. In order to increase the strategic focus and effectiveness of further programme development on drug dependency, treatment, and care, the Chief of PTRS and managers of global programmes should continue to further prioritise activities, based on the context and needs of each region/country.

### 2 – STRENGTHEN COLLABORATION BETWEEN PTRS, THE HIV/AIDS SECTION, AND OTHER SECTIONS/THEMATIC AREAS

It is recommended that UNODC Senior Management and the Chief of PTRS continue to explore options for enhanced integration of drug use disorder treatment and care and HIV/AIDS prevention and care, based on the recognition of the inter-sectionality of drug use prevention and treatment of drug use disorders and HIV prevention and treatment. The Chief of PTRS should also seek opportunities for further collaboration with complementary UNODC global projects and thematic areas (HIV/AIDS, Criminal Justice, Anti-Corruption, Human Trafficking, Violent Extremism, Counterfeit Medicines, Prison Reform).

### 3 – FURTHER DEVELOP STRATEGIC PARTNERSHIPS AND COOPERATION AT THE REGIONAL LEVEL

It is recommended that the Chief of PTRS and managers of UNODC global programmes on drug treatment and care continue to invest in and develop a range of partnerships and collaborations to support programme design and implementation at the regional and national levels. It is recommended that PTRS explores the possibility for the development of UNODC Regional Drug Treatment Advisors who could support programming.

### 4 - STRENGTHEN COLLABORATION WITH WHO

It is recommended that the Chief of PTRS and managers of UNODC global programmes on drug treatment and care further strengthen collaboration with the World Health Organisation, i.e., by exploring the possibility of strengthening a mechanism for joint fund raising, and continued joint programme formulation and implementation with WHO, with Member State agencies and NGOs, to support joint training activities, publications, and capacity building.

### 5 - INCREASE PRESENCE IN THE FIELD, INCLUDING INCREASED USE OF TECHNOLOGICAL SOLUTIONS

It is recommended that the Chief of PTRS and managers of UNODC global programmes on drug treatment and care, supported by Senior Management, continue to seek solutions (according to priority need of the region/country context) in order to provide for sufficient staff at field office levels and in headquarters, as well as to prevent/mitigate staff turnover – including increased use of technological solutions like remote working and technology assisted training.

## 6 – INCREASE APPROPRIATENESS AND SUSTAINABILITY OF TRAINING

It is recommended that managers and teams of UNODC global programmes on drug treatment and care continue to take action to increase the appropriateness and sustainability of training for relevant staff dealing with drug use disorders, by consulting with those with lived experience of drug use disorders, and by continuing to collaborate with organisations such as ISSUP and other VNGOC/ECOSOC status NGOs and their regional chapters.

It is recommended that the Chief of PTRS seeks opportunities to develop a designed Mentoring and Champions programme to support training, knowledge exchange, sharing of information and lessons learned, as well as professional ownership of the Standards in the long term.

## 7 – MONITORING OF PROGRESS AND IMPACT

It is recommended that managers and teams of UNODC global programmes on drug treatment and care improve the results-based management (RBM) focus of their respective programmes, in line with UNODC's guidance on RBM. Global programmes on drug treatment and care where feasible should develop impact indicators and further develop existing mentoring, quality assurance, workplace learning and performance management, and clinical audit mechanisms to ensure results monitoring, continued quality enhancement, and professional learning.

## 8 – HUMAN RIGHTS

It is recommended that managers and teams of UNODC global programmes on drug treatment and care incorporate 1-2 monitoring indicators for Human Rights, in line with UNODC's guidance on RBM, for example within the Umoja project monitoring tool.

## 9 – GENDER EQUALITY

It is recommended that managers and teams of UNODC global programmes on drug treatment and care further develop training and support work on women and girls; and to take action to further develop female professional capacity and expertise through training, mentoring, support, and appropriate field placements.

## 10 – LEAVE NO ONE BEHIND

It is recommended that managers and teams of UNODC global programmes on drug treatment and care further develop strategies, activities, and technical guidance for reaching (using innovations) and supporting identified key groups – particularly the homeless, those living in rural areas or closed settings, those with co-morbid mental health conditions or physical disabilities, those sourcing drugs on the Darknet, indigenous groups, the displaced and the elderly

It is recommended that the Chief of PTRS and managers of UNODC global programmes on drug treatment and care further encourage and support investment in academic research on NPS, the treatment of amphetamine type stimulant (ATS) use disorders and the broad field of treatment of dual disorders, where possible integrating research activities into field-based treatment programmes.

## MAIN LESSONS LEARNED AND BEST PRACTICE

Lessons learnt regarding the global programmes centre on the strength and importance of mutual understanding and support of core staff in the UNODC-WHO collaboration, and the broad support by government, civil society, NGOs and donors. There was collective learning in application of the standards and the programmes in different contexts, and the requirement for governments to assume ownership and oversight of programmes and facilities. Promotion of autonomy in the field office with regard to adapting the Standards to the local situation was identified as a key facilitating factor in operationalisation of context specific programmes. Other lessons learned during the COVID-19 restrictions and the shift toward remote working (including the provision of online training) are indicative of the reduced importance of excessive

## Independent Mid-term In-depth Cluster Evaluation of UNODC Work on Drug Dependence and Treatment (Global Programmes GLOJ71, GLOK32, and GLOK42)

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travelling to the field, while field visits were valued as an opportunity for increased TA, monitoring visits with implementing partners and treatment facilities, and personal face-to-face meetings with policy makers and other government officials.

A particular good practice is 12 years of joint fundraising and implementation between UNODC and WHO delivering clear outcomes such as the Standards, SOS, pregnancy training materials and QA, as well as jointly mainstreaming drug use disorders as a health disorder. Good Practice innovations identified during COVID-19 have centred on how digital health and technological means have supported the communication with and support of people who use drugs during COVID-19, for example WhatsApp groups to support people (tele counselling), dispensing of methadone and mobile health units.

# MANAGEMENT RESPONSE

| Recommendations   | Management Response |
|---|---------------------|
| <p><b>1. Strategic Focus for further programme development:</b></p> <p>It is recommended that the Chief of PTRS and managers of UNODC global programmes on drug treatment and care continue to advocate for a health response to tackle problem drug use, and lobby for sustainable integration of harm reduction in line with policy mandates given by CND and the UNGA within the psychosocial and public health response to drug use disorders, and within the continuum of treatment and care at the global level based on the International Standards. In order to increase the strategic focus and effectiveness of further programme development on drug dependency, treatment, and care, the Chief of PTRS and managers of global programmes should continue to further prioritise activities, based on the context and needs of each region/country.</p> | Accepted            |
| <p><b>2. Strengthen collaboration between PTRS, the HIV/AIDS section, and other sections/thematic areas:</b></p> <p>It is recommended that UNODC Senior Management and the Chief of PTRS continue to explore options for enhanced integration of drug use disorder treatment and care and HIV/AIDS prevention and care, based on the recognition of the inter-sectionality of drug use prevention and treatment of drug use disorders and HIV prevention and treatment. The Chief of PTRS should also seek opportunities for further collaboration with complementary UNODC global projects and thematic areas (HIV/AIDS, Criminal Justice, Anti-Corruption, Human Trafficking, Violent Extremism, Counterfeit Medicines, Prison Reform).</p>   | Accepted            |
| <p><b>3. Strategic partnerships and cooperation at the regional level:</b></p> <p>It is recommended that the Chief of PTRS and managers of UNODC global programmes on drug treatment and care continue to invest in and develop a range of partnerships and collaborations to support programme design and implementation at the regional and national levels. It is recommended that PTRS explores the possibility for the development of UNODC Regional Drug Treatment Advisors who could support programming.</p>  | Accepted            |

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| Recommendations  | Management Response |
|--|---------------------|
| <p><b>4. Collaboration with WHO:</b></p> <p>It is recommended that the Chief of PTRS and managers of UNODC global programmes on drug treatment and care further strengthen collaboration with the World Health Organisation, i.e., by exploring the possibility of strengthening a mechanism for joint fund raising, and continued joint programme formulation and implementation with WHO, with Member State agencies and NGOs, to support joint training activities, publications and capacity building.</p> | <p>Accepted</p>     |

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| Recommendations   | Management Response  |
|---|--|
| <p><b>5. Presence in the field, including increased use of technological solutions:</b></p> <p>It is recommended that the Chief of PTRS and managers of UNODC global programmes on drug treatment and care, supported by Senior Management, continue to seek solutions (according to priority need of the region/country context) in order to provide for sufficient staff at field office levels and in headquarters, as well as to prevent/mitigate staff turnover – including increased use of technological solutions like remote working and technology assisted training.</p>   | <p>Accepted</p>  |
| <p><b>6. Appropriateness and sustainability of training:</b></p> <p>It is recommended that managers and teams of UNODC global programmes on drug treatment and care continue to take action to increase the appropriateness and sustainability of training, by consulting with those with lived experience of drug use disorders, and by continuing to collaborate with organisations such as ISSUP and other VNGOC/ECOSOC status NGOs and their regional chapters.</p> <p>It is recommended that the Chief of PTRS seeks opportunities to develop a designed Mentoring and Champions programme to support training, knowledge exchange, sharing of information and lessons learned, as well as professional ownership of the Standards in the long term.</p> | <p>Partially accepted. UNODC/PTRS had already placed mentors (with UNODC contracts) at country level in line with available funding to provide continuing technical assistance. Previously offered mentoring/supervision by consultants after specific technical trainings had a low take-up rate. There is evidence of experts that participated in UNODC trainings and capacity building formats, have now moved to leadership positions in their countries and as such also act as national mentors. Continuity of formal mentoring (e.g., for trainings etc.) beyond the expiry of pledges might be a challenge, even though the implementation of the recommendation is surely desirable.</p> |

Independent Mid-term In-depth Cluster Evaluation of UNODC Work on Drug Dependence and Treatment (Global Programmes GLOJ71, GLOK32, and GLOK42)

| Recommendations  | Management Response |
|--|---------------------|
| <p><b>7. Monitoring of progress and impact:</b></p> <p>It is recommended that managers and teams of UNODC global programmes on drug treatment and care improve the results-based management (RBM) focus of their respective programmes, in line with UNODC’s guidance on RBM. Global programmes on drug treatment and care where feasible should develop impact indicators and further develop existing mentoring, quality assurance, workplace learning and performance management, and clinical audit mechanisms to ensure results monitoring, continued quality enhancement, and professional learning.</p> | Accepted            |
| <p><b>8. Human rights:</b></p> <p>It is recommended that managers and teams of UNODC global programmes on drug treatment and care incorporate 1-2 monitoring indicators for Human Rights, in line with UNODC’s guidance on RBM, for example within the Umoja project monitoring tool.</p>  | Accepted            |
| <p><b>9. Gender equality:</b></p> <p>It is recommended that managers and teams of UNODC global programmes on drug treatment and care further develop training and support work on women and girls; and to take action to further develop female professional capacity and expertise through training, mentoring, support and appropriate field placements.</p>   | Accepted            |

Independent Mid-term In-depth Cluster Evaluation of UNODC Work on Drug Dependence and Treatment (Global Programmes GLOJ71, GLOK32, and GLOK42)

| Recommendations   | Management Response |
|---|---------------------|
| <p><b>10. Leave no one behind:</b></p> <p>It is recommended that managers and teams of UNODC global programmes on drug treatment and care further develop strategies, activities, and technical guidance for reaching (using innovations) and supporting identified key groups – particularly the homeless, those living in rural areas or closed settings, those with co-morbid mental health conditions or physical disabilities, those sourcing drugs on the Darknet, indigenous groups, the displaced and the elderly.</p> <p>It is recommended that the Chief of PTRS and managers of UNODC global programmes on drug treatment and care further encourage and support investment in academic research on NPS, the treatment of amphetamine type stimulant (ATS) use disorders and the broad field of treatment of dual disorders, where possible integrating research activities into field-based treatment programmes.</p> | <p>Accepted</p>     |

## SUMMARY MATRIX OF FINDINGS, EVIDENCE, RECOMMENDATIONS

| Findings  | Evidence   | Recommendations   |
|---|--|---|
| <p><b>PROGRAMME DEVELOPMENT:</b> The three global programmes have yielded a strong impact in terms of stimulating a global shift away from criminalisation and incarceration of people who use drugs, to that of a treatment and care of a chronic health condition model.</p>  | <p>Triangulated data (survey, interviews, focus groups, SWOT)</p>  | <p>1. It is recommended that the Chief of PTRS and managers of UNODC global programmes on drug treatment and care continue to advocate for a health response to tackle problem drug use, and lobby for sustainable integration of harm reduction in line with policy mandates given by CND and UNGA within the psycho-social and public health response to drug use disorders, and within the continuum of treatment and care at the global level based on the International Standards. In order to increase the strategic focus and effectiveness of further programme development on drug dependency, treatment, and care, the Chief of PTRS and managers of global programmes should continue to further prioritise activities, based on the context and needs of each region/country.</p> |
| <p><b>STRENGTHEN COLLABORATION BETWEEN PTRS, THE HIV/AIDS AND OTHER SECTIONS/THEMATIC AREAS:</b> One strong health section encompassing HIV and PTRS would combine expertise in drug treatment and care, but also excellence in civil society engagement. The programmes can further integrate and streamline with complementary UNODC global projects and thematic areas. This highlights potential avenues for pooling operational focus and resources based on the recognition of the inter-sectionality of drug use prevention and treatment of drug use disorders <b>and</b> HIV prevention and treatment.</p> | <p>Triangulated data (survey, interviews, focus groups, SWOT).</p> | <p>2. It is recommended that UNODC Senior Management and the Chief of PTRS continue to explore options for enhanced integration of drug use disorder treatment and care and HIV/AIDS prevention and care, based on the recognition of the inter-sectionality of drug use prevention and treatment of drug use disorders and HIV prevention and treatment. The Chief of PTRS should also seek opportunities for further collaboration with complementary UNODC global projects and thematic areas (HIV/AIDS, Criminal Justice, Anti-Corruption, Human Trafficking, Violent Extremism, Counterfeit Medicines, Prison Reform).</p>   |

Independent Mid-term In-depth Cluster Evaluation of UNODC Work on Drug Dependence and Treatment (Global Programmes GLOJ71, GLOK32, and GLOK42)

| Findings  | Evidence                                | Recommendations   |
|---|---|---|
| <p><b>STRATEGIC PARTNERSHIPS AND COOPERATION AT THE REGIONAL LEVEL:</b> There was evidence of strong global engagement, strong multi-disciplinary and inter-ministerial partnerships and collaborations. The development of a UNODC Regional Drug Treatment Advisor, similar to that of the HIV Advisors would support the further roll out of programmes and the development of regional training hubs.</p>                      | <p>Desk review, Interviews and SWOT</p> | <p>3. It is recommended that the Chief of PTRS and managers of UNODC global programmes on drug treatment and care continue to invest in and develop a range of partnerships and collaborations to support programme design and implementation at the regional and national levels. It is recommended that PTRS explores the possibility for the development of UNODC Regional Drug Treatment Advisors who could support programming.</p>                                |
| <p><b>FUNDING AND COLLABORATION WITH WHO:</b> There is a strong need to leverage and attract multiple funders. The consequent strongly donor driven approach to programming has in some instances resulted in a piecemeal ad hoc and unsustainable approach. The complimentary mandate of UNODC and WHO offers a pathway toward joint strength and funding, via common budgets, publications and administrative arrangements.</p> | <p>Desk review, Interviews and SWOT</p> | <p>4. It is recommended that the Chief of PTRS and managers of UNODC global programmes on drug treatment and care further strengthen collaboration with the World Health Organisation, i.e. by exploring the possibility of strengthening a mechanism for joint fund raising, and continued joint programme formulation and implementation with WHO, with Member State agencies and NGOs, to support joint training activities, publications and capacity building.</p> |

Independent Mid-term In-depth Cluster Evaluation of UNODC Work on Drug Dependence and Treatment (Global Programmes GLOJ71, GLOK32, and GLOK42)

| Findings   | Evidence                           | Recommendations   |
|--|------------------------------------|---|
| <p><b>STAFF PRESENCE IN THE FIELD, INCLUDING INCREASED USE OF TECHNOLOGICAL SOLUTIONS:</b> Threats to sustainability of programme gains include insufficient human resources to fully optimise on projects both at the field and HQ levels, and currently where cuts to the health sector have occurred due to COVID-19, and/or the repurposing of drug treatment facilities for COVID-19 quarantine facilities and redeployment of staff. Unstable funding, lack of adequate staff in the field, and the process of temporary short-term contracts for UNODC staff is a de-motivating factor for some staff. The shift toward remote working (including the provision of online training) indicates that efficiency was enhanced and indicative of the reduced importance of excessive travelling to the field, while field visits were valued as an opportunity for increased TA, monitoring visits with implementing partners and treatment facilities, and personal face-to-face meetings with policy makers and other government officials. .</p> | <p>Interviews, survey and SWOT</p> | <p>5. It is recommended that the Chief of PTRS and managers of UNODC global programmes on drug treatment and care, supported by Senior Management, continue to seek solutions (according to priority need of the region/country context) in order to provide for sufficient staff at field office levels and in headquarters, as well as to prevent/mitigate staff turnover – including increased use of technological solutions like remote working and technology assisted training.</p>  |
| <p><b>APPROPRIATENESS AND SUSTAINABILITY OF TRAINING:</b> The WHO-UNODC standards are holistic, evidence based and comprehensive. The provision of two sets of training: the Colombo Plan UPT/UTC training - observed to require a significant time commitment by the professional (in many instances not feasible) - is contrasted to the training provided by UNODC Treatnet which was largely observed to be condensed and more feasible for professionals. There is a risk of local interpretation and deviation from the standards. The assessment of behaviour change of trained professionals, workplace learning, performance management and clinical audit is lacking and warrants development in many countries. Whilst the NGOs advocating on behalf of people who use drugs was part of the process, this could be further improved by including more ex-user lived experiences when designing programmes, and when culturally adapting them to particular countries and contexts.</p>   | <p>Interviews, survey and SWOT</p> | <p>6. It is recommended that managers and teams of UNODC global programmes on drug treatment and care continue to take action to increase the appropriateness and sustainability of training, by consulting with those with lived experience of drug use disorders, and by continuing to collaborate with organisations such as ISSUP and other VNGOC/ECOSOC status NGOs and their regional chapters.</p> <p>It is recommended that the Chief of PTRS seeks opportunities to develop a designed Mentoring and Champions programme to support training, knowledge exchange, sharing of information and lessons learned, as well as professional ownership of the Standards in the long term.</p> |

Independent Mid-term In-depth Cluster Evaluation of UNODC Work on Drug Dependence and Treatment (Global Programmes GLOJ71, GLOK32, and GLOK42)

| Findings  | Evidence  | Recommendations   |
|---|---|---|
| <p><b>MONITORING OF PROGRESS AND IMPACT:</b> Moving from a criminal justice perspective to a health perspective is not a paradigm shift that should be underestimated. The impact on institutions related to policy change has been significant. Programmes are reliant on political willingness for government to take ownership of programmes on completion by UNODC, to translate the standards into national policies, and to continue to support local professionals, and operate programmes and standards. With exception of the Treatnet Family feasibility study and the SOS at 6-month follow up, the long-term impact of training cascade and patient level data is not yet included. The new quality assessment standards will play a strong role in supporting change and in ensuring clinical and professional standards are upheld.</p> | <p>Triangulated data (survey, interviews, focus groups, SWOT)</p> | <p>7. It is recommended that managers and teams of UNODC global programmes on drug treatment and care improve the results-based management (RBM) focus of their respective programmes, in line with UNODC’s guidance on RBM. Global programmes on drug treatment and care where feasible should develop impact indicators and further develop existing mentoring, quality assurance, workplace learning and performance management, and clinical audit mechanisms to ensure results monitoring, continued quality enhancement, and professional learning.</p> |
| <p><b>HUMAN RIGHTS</b></p> <p>The global programmes have built the capacity of policy makers and service providers for scientific evidence-based, voluntary community-based treatment, as well as treatment as an alternative to conviction or punishment for people who use drugs and people with drug use disorders in contact with the criminal justice system (in cases of drug possession and other cases of a minor nature). The human rights issue permeates through the programmes, however human rights can never be promoted enough, often in countries which require a shift in policy and reform. Understanding the lived experience of the person who uses drugs in a particular country context is crucial to field level operationalisation.</p>   | <p>Triangulated data (survey, interviews, focus groups, SWOT)</p> | <p>8. It is recommended that managers and teams of UNODC global programmes on drug treatment and care incorporate 1-2 monitoring indicators for Human Rights, in line with UNODC’s guidance on RBM, for example within the Umoja project monitoring tool.</p>   |

Independent Mid-term In-depth Cluster Evaluation of UNODC Work on Drug Dependence and Treatment (Global Programmes GLOJ71, GLOK32, and GLOK42)

| Findings  | Evidence  | Recommendations   |
|---|---|---|
| <p><b>GENDER EQUALITY</b></p> <p>The three global programmes have developed guidance on how to mainstream gender considerations. Gender equality and equal participation is encouraged through the programmes at global, regional and national level. Whilst all efforts were made to ensure gender parity, in some country contexts there was a lack of trained female staff, and where such female professionals were identified, training was conducted in female only groups due to religious/cultural norms.</p>           | <p>Triangulated data (survey, interviews, focus groups, SWOT)</p> | <p>9. It is recommended that managers and teams of UNODC global programmes on drug treatment and care further develop training and support work on women and girls; and to take action to further develop female professional capacity and expertise through training, mentoring, support and appropriate field placements.</p>   |
| <p><b>LEAVE NO ONE BEHIND</b></p> <p>Further efforts could focus on the health rights and right to access health services for all in parity with other clients/patients with chronic health conditions; and ‘Leave No One Behind’. Identified unique vulnerable groups of drug users including the homeless, those living in rural areas or closed settings, those with co-morbid mental health conditions or physical disabilities, those sourcing drugs on the Darknet, indigenous groups, the displaced and the elderly.</p> | <p>Triangulated data (survey, interviews, focus groups, SWOT)</p> | <p>10. It is recommended that managers and teams of UNODC global programmes on drug treatment and care further develop strategies, activities, and technical guidance for reaching (using innovations) and supporting identified key groups – particularly the homeless, those living in rural areas or closed settings, those with co-morbid mental health conditions or physical disabilities, those sourcing drugs on the Darknet, indigenous groups, the displaced and the elderly</p> <p>It is recommended that the Chief of PTRS and managers of UNODC global programmes on drug treatment and care further encourage and support investment in academic research on NPS, the treatment of amphetamine type stimulant (ATS) use disorders and the broad field of treatment of dual disorders, where possible integrating research activities into field-based treatment programmes.</p> |

## BACKGROUND AND CONTEXT

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### OVERALL CONCEPT AND DESIGN

Drug dependence is considered a multi-factorial health disorder that often follows the course of a relapsing and remitting chronic condition. Given the individual and socio-economic burden inflicted by drug dependence, access to effective treatment and rehabilitation of patients is of significant public health importance. Global public health approaches in drug dependence treatment and care have been the springboard of existing good practices and remain the most fertile ground for the development of innovative, multi-disciplinary and effective responses spanning diversified pharmacological and psychosocial interventions, which respond to patient/client needs.

The following UNODC Global Programmes aim at supporting Member States in their efforts to provide scientific evidence-based drug dependence treatment services for individuals affected by drug use disorders, with special focus on low and middle-income countries:

- UNODC-WHO Partnerships for Treatment and Care of Drug Use Disorders (GLOK32);
- Prevention of illicit drug use and treatment of drug use disorders for children/adolescents at risk (GLOK42); and
- Treating drug dependence and its health consequences /OFID-UNODC Joint Programme to prevent HIV/AIDS through Treatnet Phase II (GLOJ71).

#### **GLOK32 Programme overview**

The UNODC-WHO Partnerships for Treatment and Care of Drug Use Disorders, GLOK32, was officially launched as a flagship programme during the High-level Segment of the 52nd Commission on Narcotic Drugs (2009) and is being jointly implemented with WHO. It currently runs through 2023. Given the complementary mandates of the two organisations, the programme brings together UNODC and WHO under one single collaborative platform. The programme strategy includes global and regional outputs, with global level outputs mainly focusing on the development and dissemination of technical tools and regional outputs mainly focusing on partnerships and capacity building at the regional and national levels.

Programme activities at national level are currently (2021) being implemented in more than 15 countries including Afghanistan, Cote d'Ivoire, Ecuador, Indonesia, Kazakhstan, Kyrgyzstan, Kenya, Lao PDR, Pakistan, Senegal, Serbia and Southeast Europe (SEE), Sri Lanka, Ukraine, Tajikistan and Viet Nam. Since 2018 more than 60 additional countries have been reached, especially through trainings, and many more since the inception of the programme. Beneficiaries include programme countries, (plus non-programme countries with capacity building), service providers, people who use drugs and people with drug use disorders, UNODC field offices, and partner agencies. At the national level, the programme follows four synergic lines of action:

- Support drug treatment-related assessment, data collection, monitoring and evaluation as well as research and the development of technical tools;
- Support capacity building on evidence-based drug dependence treatment and care;
- Support drug dependence treatment service development and evidence-based service delivery;
- Support advocacy-related activities and the coordination and development of evidence-based policies on drug dependence treatment and care.

Although not yet formally approved by Member States, the Standards were published in 2020 by UNODC and WHO, and recognized again in CND resolution in 2021, ten years after the beginning of the time period covered by this evaluation. The Standards were developed on the basis of the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World

## Independent Mid-term In-depth Cluster Evaluation of UNODC Work on Drug Dependence and Treatment (Global Programmes GLOJ71, GLOK32, and GLOK42)

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Drug Problem (2009) and the Principles of Drug Dependence Treatment – UNODC/WHO Discussion Paper (2009). A first draft for field-testing of the Standards was published in 2016, which then led to the latest publication of the Standards in 2020. These Standards provide an international reference point for evidence-based drug use disorder treatment and to be of practical usability to improve services for individuals affected by drug use disorders. The Standards promote treatment strategies that are based on the best available scientific evidence, that are humane, and respect the human rights and dignity of people affected by drug use disorders and improve the overall quality of drug dependence treatment and care services within a range of settings.

### **GLOK42 – Programme overview**

The main purpose of UNODC programme GLOK42 (2011-2026) is to promote a worldwide coordinated response of public institutions and NGOs to children and adolescents at risk and/or those affected by drug use dependence and its health and social consequences, with the aim of preventing drug use, treating drug dependence, and facilitating integration into society. The programme's main strategy consists of a large-scale mobilization, including the involvement of civil society, academics, media and high-ranking personalities to call for immediate action to improve the living condition of children worldwide, reduce the risks of developing drug use disorders, and provide appropriate treatment strategies tailored to respond to the specific needs of this age group. Likewise, the programme will implement evidence-based drug treatment and social reintegration projects among children and adolescents initiated in Afghanistan.

The programme was initiated to address the data received by US State Department related to children exposed to opioids in Afghanistan. The initial work of the programme was to develop the first psychosocial protocols and first pharmacological protocols to safely meet the needs of children and youth, within the framework of quality of drug treatment services and developing tools for the appropriate screening, assessment and treatment of children and adolescents. Following the development of the protocols, capacity building of drug demand reduction staff was initiated within a framework of cascading support. Following the capacity building, the programme was implemented and closely monitored in close cooperation with the Ministry of Health and NGOs in Afghanistan. Building on the success in Afghanistan, UNODC expanded to include capacity building at the regional and national level upon request and available funding. The programme was primarily focused in Afghanistan, but training in the psychosocial protocols and technical assistance was carried out in Bangladesh, India, Liberia, Pakistan, and across the Central Asian region.

### **GLOJ71 – Programme overview**

The OFID-UNODC Programme to prevent HIV/AIDS through Treatnet Phase II, GLOJ71 (2008-2022) is a follow-up programme to Treatnet Phase I, GLOH43 (2005-2009). The overall goal of this programme is to increase access to drug treatment for all those in need, with a special focus on the prevention and treatment of HIV and AIDS. To date, the programme has been active in 5 geographic regions world-wide and has contributed to an increase in both the availability and quality of services for people affected by drug use disorders. In addition, it has contributed to reduce or halt the HIV/AIDS epidemic and has helped to improve the wellbeing and social integration of programme beneficiaries, as has the other two global programmes GLOK32 and GLOK42.

Currently, it is operational at UNODC Headquarter level and in 5 countries in Central Asia: Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan, Uzbekistan (ROCA region) and works with 11 additional countries in Latin America, the Caribbean and Africa (Tanzania). Since inception, the programme has reached many more additional countries and a mid-term in-depth evaluation was conducted in 2012.

The strategy to achieve the overall goal of this programme includes three lines of action:

- Conduct systematic advocacy to promote a sound understanding of drug dependence treatment and care (including HIV/AIDS prevention) and the recognition of drug dependence as a health disorder;
- Support capacity building of service providers and policy makers;
- Provide technical support for the development and strengthening of sustainable quality drug dependence treatment services.

## PURPOSE AND SCOPE

The purpose of this independent mid-term in-depth cluster evaluation was to evaluate how GLOK32, GLOK42 and GLOJ71 have contributed to the implementation of the work of the PTRS and have supported the UNODC Strategic Framework sub-programme on Countering the World Drug Problem. The evaluation aimed to identify the existing footprint of evidence-based drug use disorder treatment programmes efforts undertaken by UNODC, and the strengths that should be further promoted and moved forward, in line with the WHO/UNODC International Standards for the Treatment of Drug Use Disorders (the Standards, 2020).

The evaluation assessed how GLOK32, GLOK42 and GLOJ71 have contributed to implement the mandates given to UNODC by its governing bodies, especially the Commission on Narcotic Drugs, as well as UNGASS 2016, and the work of the programmes on capacity development of national counterparts and sustainability of such interventions. It analysed their individual and collective impact, relevance, efficiency, effectiveness and sustainability, and derived recommendations, good practices and lessons learned from the programmes, and identified areas of improvement. It further assessed the contribution to organisational learning by identifying the strengths and weaknesses of the programmes, and efforts related to coherence, Gender Equality, Human Rights and Leave No One Behind.

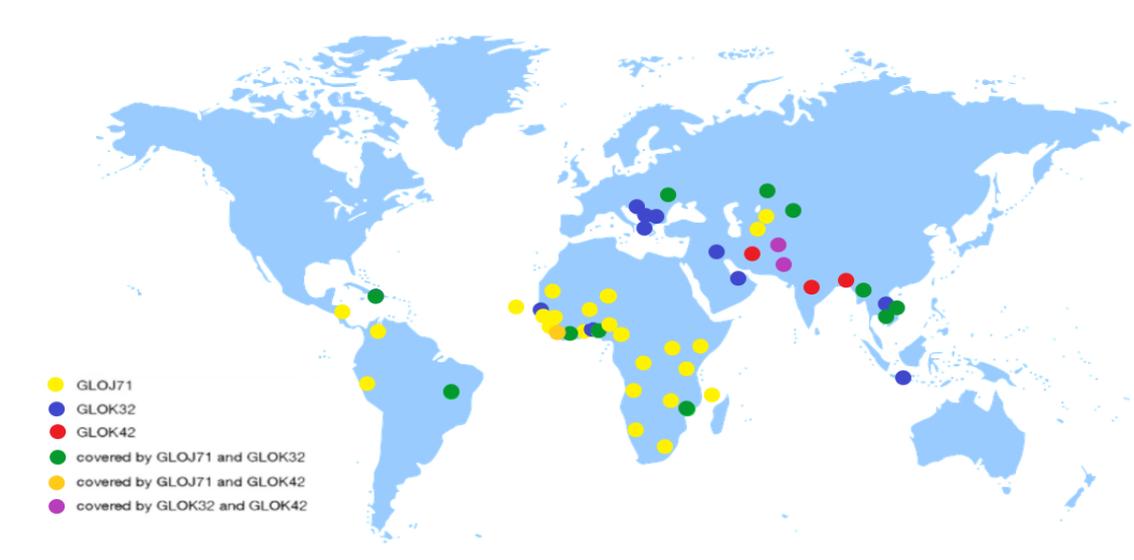
The scope of the evaluation covered the full-time span of each programme, from the start of implementation of GLOK32 (May 2010) through the end of evaluation data collection (September 2021). Although the design and implementation of GLOJ71 prior to this date was not covered by this evaluation, the results of previous evaluations (i.e. the evaluation of GLOJ71 that was carried out in 2014) were considered as appropriate. The geographic scope was global with a focus on Member States and regions with implemented activities, including Africa, Latin America and the Caribbean, Asia and South, Southeast and East Europe.

The results are intended for use by the PTRS, beneficiary agencies/governments and donor countries, as well as senior UNODC management. In particular, it will serve as a reference source for the lessons learned from the UNODC global programmes GLOK32/GLOK42 and GLOJ71, for its proper completion and also inform the continuation/future development of programmes in this area.

## MAP OF PROJECT COUNTRIES

The three global programmes on drug treatment are being implemented in the following countries around the globe, with various degrees of interventions and progress:

### Map of GLOJ71, GLOK32 and GLOK42 programme countries



Source : <https://www.unodc.org/unodc/en/treatment-and-care/our-projects.html>. Infographic developed from world map silhouette available at: <https://www.maxpixel.net/World-Earth-Blue-Geography-Continents-Outline-Map-28616> under Creative Commons 0 license (CC0).

## Independent Mid-term In-depth Cluster Evaluation of UNODC Work on Drug Dependence and Treatment (Global Programmes GLOJ71, GLOK32, and GLOK42)

### 2015 GLOK32 Countries

**Latin America:** Brazil, Haiti

**Africa:** Benin, Cote d'Ivoire, Mozambique, Senegal, Togo

**Europe:** Albania, Macedonia, Montenegro, Serbia

**Southeast Asia:** Cambodia, Lao PDR, Viet Nam, Myanmar

**Middle East:** Iraq, Pakistan, UAE

### 2015 GLOJ71 Countries

**Latin America:** Brazil, Colombia, Haiti, Nicaragua, Peru

**Africa:** Cote d'Ivoire, Kenya, Mozambique, Nigeria, Sierra Leone, Tanzania, Zambia, Cabo Verde, Liberia, Angola, Benin, Burkina Faso, Cameroon, Comoros, DRC, Ghana, Guinea, Guinea-Bissau, Lesotho, Mauritania, Namibia, Niger, Tanzania, Togo, Uganda, Zambia

**Europe:** Ukraine

**Central Asia:** Afghanistan, Kazakhstan, Kyrgyzstan, Tajikistan, Uzbekistan, Turkmenistan

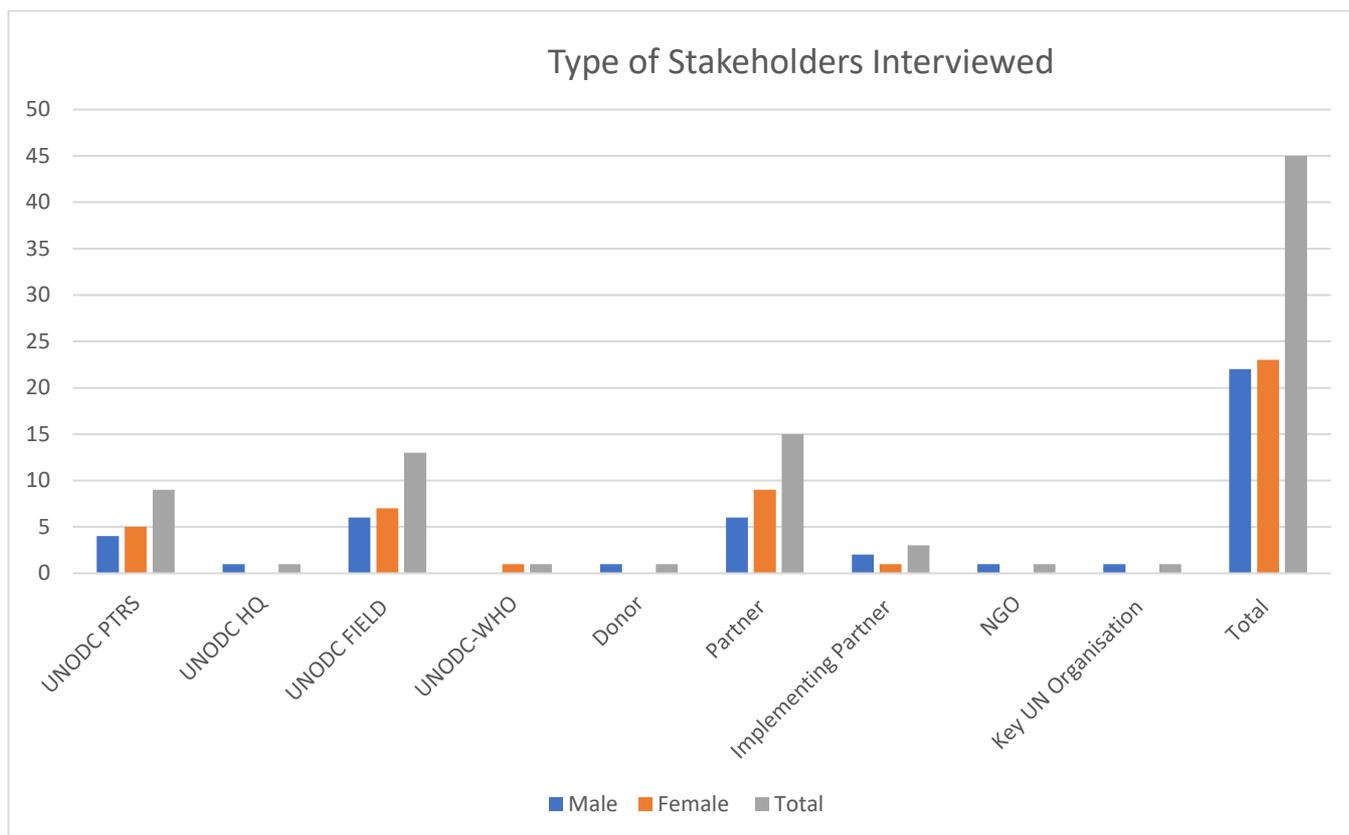
**Southeast Asia:** Cambodia, Myanmar, Viet Nam

### 2015 GLOK42 Countries

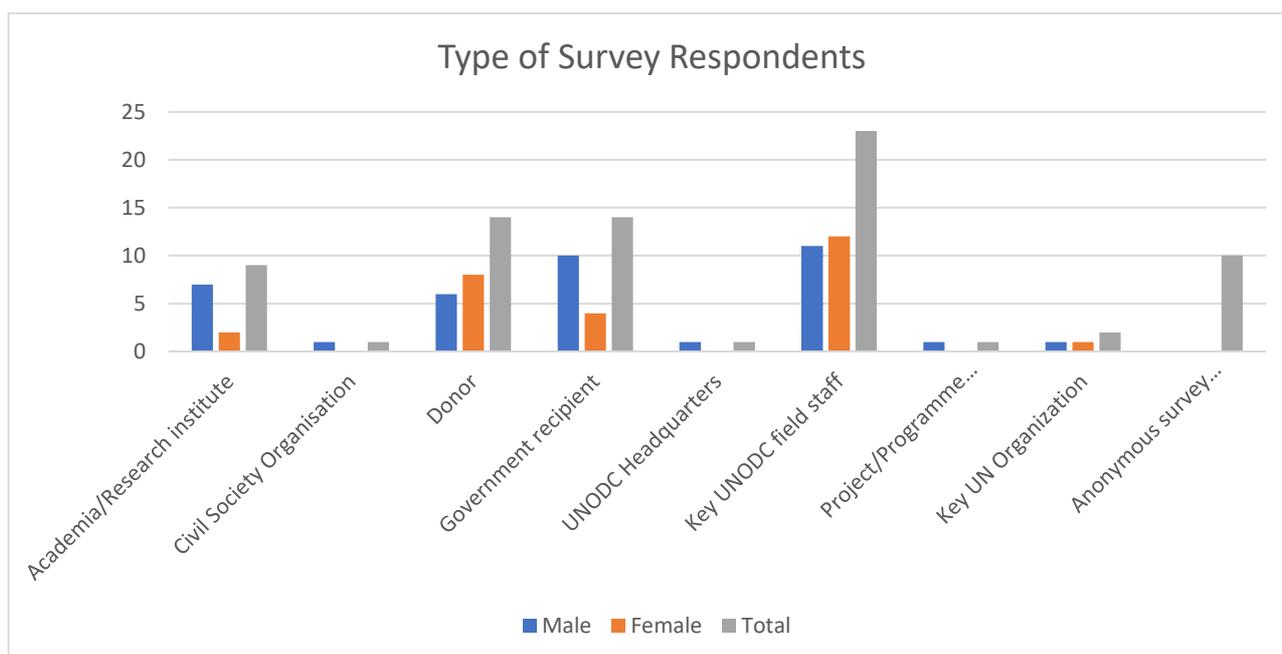
**Africa:** Liberia

**Middle East and Central Asia:** Afghanistan, Bangladesh, India, Iran, Pakistan

## NUMBER AND TYPE OF STAKEHOLDERS CONSULTED.



**Chart 1** Number and Type of Stakeholder Interviewed (22 male, 23 female, 45 total)



**Chart 2 Number and Type of Survey Respondents (38 male, 27 female, 10 anonymous, 75 total)**

## THE COMPOSITION OF THE EVALUATION TEAM

The evaluation consisted of three independent experts: Dr Marie Claire Van Hout (Team Leader, and International Evaluation Expert with expertise in drug use disorders, public health and Human Rights), Mr David MacDonald (substantive expert on drug prevention and treatment), and Dr Sandra Ayoo (methodology design expert).

## EVALUATION METHODOLOGY

The cluster evaluation was intended to meet the accountability needs of the programmes and improve the understanding of UNODC’s achievements/added value and challenges in the creation of cohesive messaging and implementation around evidence-based drug use disorder treatment and care (in alignment with the WHO-UNODC Standards, 2020).

This evaluation of UNODC PTRS’s portfolio multi-year and multi-country drug use disorder treatment and care interventions focused on individual and collective programme levels based on the DAC criteria: relevance, efficiency, coherence, effectiveness, impact and sustainability, as well as Human Rights, Gender Equality and Leave No One Behind, and lesson learned and best practices. It included a focus on the criteria of organisational learning and coherence, and a detailed SWOT assessment for PTRS staff.

There were no changes to the evaluation scope, mixed method and data collection as per the ToR. The team included a focus on changing patterns of drug use including the emergence of new synthetic drugs and added several additional questions on evolution of the programmes and the Standards, and emergence of new vulnerable groups who use drugs/at risk of using drugs over the timespan and the impact of COVID-19.

### Evaluation Design and Data Collection Methods

The evaluation used a participatory design and a convergent mixed-methods approach. The convergent mixed-methods approach consisted of concurrent desk review, online survey, SWOT assessment and semi structured interviews (telephonic/MS Teams/Zoom). Interview protocols were designed for this purpose, with prompts based on the background and type of involvement of the interviewees. The evaluation team worked collaboratively with all relevant stakeholders and CLPs<sup>1</sup> in the planning and execution of the evaluation, in line with UNEG Norms and Standards as well as the UNODC Evaluation Policy, and IES’s templates and guidance. See **Table 1**.

**Table 1 – Data sources**

| Evaluation Questions/Criteria   | Participant Survey | CLP and non-CLP Interviews | Project records | SWOT |
|---|--------------------|----------------------------|-----------------|------|
| Relevance: The extent to which the programmes were suited to the priorities of the target beneficiary group(s), stakeholders, and to the donor.                         | ✓                  | ✓                          | ✓               | ✓    |
| Efficiency: The extent to which the programmes used the least costly resources possible in order to achieve desired results, considering inputs in relation to outputs. |                    | ✓                          | ✓               | ✓    |
| Coherence: The compatibility of the intervention with other interventions in a country, sector or institution.  | ✓                  | ✓                          | ✓               | ✓    |
| Effectiveness: The extent to which the programmes attained their outcomes.  | ✓                  | ✓                          | ✓               | ✓    |
| Organisational Learning   | ✓                  | ✓                          | ✓               | ✓    |
| Impact: The positive and negative changes produced by the programmes, directly or indirectly, intended or unintended.   | ✓                  | ✓                          | ✓               | ✓    |

<sup>1</sup> In UNODC evaluation processes, Core Learning Partners (CLPs) are internal and external stakeholders of the project/programme being evaluated, who collaborate closely throughout the evaluation process with the evaluation team –i.e. by providing feedback to the draft evaluation report.

## Independent Mid-term In-depth Cluster Evaluation of UNODC Work on Drug Dependence and Treatment (Global Programmes GLOJ71, GLOK32, and GLOK42)

| Evaluation Questions/Criteria   | Participant Survey | CLP and non-CLP Interviews | Project records | SWOT |
|---|--------------------|----------------------------|-----------------|------|
| Sustainability: The extent to which the benefits (outputs, outcomes) of the programmes are likely to continue after donor funding has been withdrawn.                                 | ✓                  | ✓                          | ✓               | ✓    |
| Human Rights and Gender Equality: Assessment of the mainstreaming throughout the programmes of Human Rights, Gender Equality, and the dignity of individuals, i.e. vulnerable groups. | ✓                  | ✓                          | ✓               | ✓    |
| Leaving No One Behind   | ✓                  | ✓                          | ✓               | ✓    |
| Lessons Learned and Best Practices  |                    | ✓                          | ✓               | ✓    |

### Sampling Approach and Rationale

The evaluation used purposive sampling to ensure both diversity of voices –ranging from UNODC headquarters and field offices to donors, academics, international agencies and government officials–, and to ensure richness of the data collected. The sampling criteria scrutinised the particular characteristics of the programme countries and partnerships to help identify which category would be the most information rich and yield the most opportunities for an in-depth investigation of the key evaluation questions. The PTRS team identified stakeholders of GLOK32, GLOJ71 and GLOK42. The sampling frame for the evaluation consisted of 246 persons and considered a wide range of stakeholders including CLPs with varying degrees of involvement in the three programmes. Given the focus of the evaluation on the three programmes as a cluster, end beneficiaries were not included.

All efforts were made by the evaluation team to reach and consult evaluation participants relevant to the programmes. Their involvement was ensured by virtue of the chosen methodological approach where identified stakeholders were targeted for inclusion. Key informant participants (including CLPs) were identified and selected purposively for in depth individual interview (in consultation with the PTRS) based on their involvement in any of the programmes under evaluation. Where possible when located in one institution this consisted of paired interviews. Remaining stakeholders and implementing partners received an invitation to complete the online survey.

### Methods for data collection

Considering the scope, size, complexity and sensitive nature of the information to be collected for this evaluation, the team used document review, interviews, focus groups, SWOT analysis and survey as selected data collection tools. These tools were chosen due to their alignment to the evaluation purpose and questions. The tools were primarily qualitative, with exception of the survey, which contained a quantitative element, and theory-based to provide in-depth insight.

### Document review

A comprehensive desk review was conducted (see *Annex III*). Assessment of GLOJ71, GLOK42 and GLOK32 Annual/semi-annual/quarterly reports; GLOJ71 pledges; GLOJ71, GLOK42 and GLOK32 donor and financial reports; GLOJ71 partnership agreements, GLOK32 WHO-UNODC joint statement, agreements and memorandum; GLOJ71, GLOK42 and GLOK32 project revisions; GLOJ71 project and Treatnet evaluation reports; GLOK42 substantive samples of work (needs assessment, training and monitoring tools, implementing standards, training reports); GLOK32 pregnancy training materials and evaluations; GLOK32 narrative report on WHO activities, Mentors Network impact reports and gender mainstreaming checklist; and UNODC documents (scientific, technical and communication outputs) was conducted to assess the extent of the cluster’s relevance, coherence and sustainability. Review and assessment of GLOJ71, GLOK42 and GLOK32 Annual/semi-annual/quarterly reports; GLOJ71 pledges; GLOJ71, GLOK42 and GLOK32 donor and financial reports; GLOJ71, GLOK42 and GLOK32 project revisions, and GLOJ71 project and Treatnet evaluation reports was conducted to assess efficiency.

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In order to assess effectiveness of the three global programmes as a cluster, a review of GLOJ71, GLOK42 and GLOK32 Annual/semi-annual/quarterly reports; GLOJ71 pledges; GLOJ71, GLOK42 and GLOK32 donor and financial reports; GLOJ71 partnership agreements, GLOK32 WHO-UNODC joint statement, agreements and memorandum; GLOJ71, GLOK42 and GLOK32 project revisions; GLOJ71 project and Treatnet evaluation reports; GLOK42 substantive samples of work (needs assessment, training and monitoring tools, implementing standards, training reports); GLOK32 pregnancy training materials and evaluations; GLOK32 narrative report on WHO activities, Mentors Network impact reports and gender mainstreaming checklist; and UNODC documents (scientific, technical and communication outputs) was conducted.

Impact was assessed via a review of GLOJ71, GLOK42 and GLOK32 Annual/semi-annual/quarterly reports; GLOJ71 pledges; GLOJ71, GLOK42 and GLOK32 donor and financial reports; GLOJ71 partnership agreements, GLOK32 WHO-UNODC joint statement, agreements and memorandum; GLOJ71, GLOK42 and GLOK32 project revisions; GLOJ71 project and Treatnet evaluation reports; GLOK42 substantive samples of work (needs assessment, training and monitoring tools, implementing standards, training reports); GLOK32 pregnancy training materials and evaluations; GLOK32 narrative report on WHO activities, Mentors Network impact reports and gender mainstreaming checklist; and UNODC documents (scientific, technical and communication outputs).

The extent to which Human Rights, Gender Equality and Leave No One Behind were mainstreamed throughout the programmes was assessed by review primarily of the GLOJ71, GLOK42 and GLOK32 Annual/semi-annual/quarterly reports; GLOJ71 pledges; GLOJ71, GLOK42 and GLOK32 donor reports; GLOJ71 partnership agreements, GLOK32 WHO-UNODC joint statement, agreements and memorandum; GLOJ71, GLOK42 and GLOK32 project revisions; GLOJ71 project and Treatnet evaluation reports; GLOK42 substantive samples of work (needs assessment, training and monitoring tools, implementing standards, training reports); GLOK32 pregnancy training materials and evaluations; GLOK32 narrative report on WHO activities, Mentors Network impact reports and gender mainstreaming checklist; and UNODC documents (scientific, technical and communication outputs).

### Global and regional interviews

A number of interviews were conducted with technical advisors, experts, and advocates working at the global level, as well as at the regional and sub regional and national levels. These included CLPs, and key informants within the UN agency and PTRS programme structures; principal investigators and academics in dedicated drug use dependence and treatment research and documentation initiatives; donors; leadership of collaborating continental, regional and sub-regional entities; civil society, training organisations; and global and regional advocates for sound understanding of drug dependence prevention, treatment and care. The evaluators conducted 45 key informant interviews to situate the evaluation findings in the relevant contexts and the national priorities to assess drug use disorder treatment and care interventions. This component examined the relevance, effectiveness, efficiency, and coordination at each programme level in the areas of:

1. Oversight and management mechanisms.
2. Technical assistance.
3. Strategic synergies.
4. Research, advocacy and communities of practice.

These were subsequently reviewed in terms of the interactions between levels, for example how technical assistance, communications and advocacy work shapes the work at the national level.

### Online survey

The survey involved a purposive sample of participants. A total of 179 stakeholders received the survey link. 75 surveys were completed (41.8% response). The survey questionnaire was developed, on the basis of the desk review, and administered using Qualtrics. The purpose was to gather data to respond to evaluation questions, to supplement the secondary data collected. The target audience were the CLPs that GLOK32, GLOK42, GLOK71 are working with (and have worked with during the earlier phases) and other stakeholders. In particular, the focus was on Evaluation Questions for which: (i) data could be collected more efficiently within a survey; (ii) it is useful to have a significant number of respondents answering the same questions to

## Independent Mid-term In-depth Cluster Evaluation of UNODC Work on Drug Dependence and Treatment (Global Programmes GLOJ71, GLOK32, and GLOK42)

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provide data for comparisons and meaningful findings; (iii) fill gaps in data collection that were found to be more difficult (or less useful) to collect in virtual face-face interviews and focus groups. The questions focused on all of the evaluation questions, but with more emphasis upon effectiveness, efficiency and co-ordination and sustainability. Survey questions were directly linked to indicators and consisted of a series of statements to be ranked on a five-point scale (from not at all to extreme); prioritization of responses to specific questions; and one open-ended question. It also included questions regarding the survey participant including (i) country/ region, (ii) gender; (iii) type of implementing partners; (iv) level of work (regional, national, sub-national, village); and (v) focus of PTRS work or programme, so that any patterns/themes could be drawn from the data set for each programme (GLOK32, GLOK42, GLOK71).

### SWOT assessment.

An online SWOT assessment was conducted with 9 members of the PTRS section. The SWOT analysis was used to identify strategies to leverage current and potential value added to the global programmes and the PTRS. While Strengths are factors that are working well in for the PTRS programmes, the Weaknesses are things that have not worked well for the programmes. Strengths and Weaknesses are internal aspects that can be controlled by the PTRS programmes. Opportunities and Threats describe 'what is going on outside the organisation' in terms of social, political, demographic, economic, and environmental factors.

### Analysis and Reporting

The guiding framework for the evaluation, which was used to structure the analysis of the data and formulate findings, consisted of two layers of information:

- Indicators which provided relevant specific, time-bound evidence; and
- Evaluation questions which aggregated information from the respective indicators.

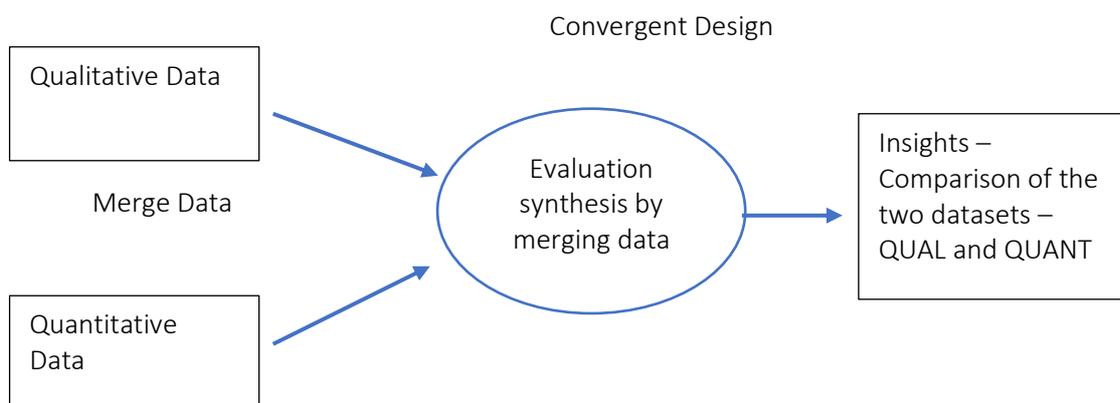
The analyses of quantitative and qualitative data were conducted in accordance with evaluation objectives, the DAC criteria, and triangulation of interview, SWOT, and desk review; so as to allow the evaluation team to develop findings and conclusions for each of the key evaluation questions. The evaluation analysed all relevant information from secondary data sources, via the comprehensive desk review. Information stemming from secondary sources was cross-checked and triangulated through data retrieved from primary research methods. Special attention was paid to an unbiased and objective approach and the triangulation of sources, methods, data, and theories. Furthermore, data analyses addressed assumptions made in the cluster theory of change about how the projects in the cluster were intended to produce the intended results.

The evaluation team conducted parallel analyses of the quantitative (QUANT) and qualitative (QUAL) separately. The QUANT data was analysed using conventional QUANT methods (such as frequency tables, cross-tables, correlation, etc.) while a separate analysis of QUAL data was conducted using methods such as content analysis to identify emergent key themes, trends and patterns for each relevant evaluation question (including indicators). Comparisons were made between contexts to consider differences (cultural, economic, political, social). An inductive approach was adopted allowing the views and meanings from the participants' perspectives to emerge and be captured in the qualitative analyses.

With the purposively selected sample of stakeholder participants, the evaluation team ensured that both women and men's voices are adequately represented; and data was analysed in a gender disaggregated way. This was to ensure a gender-sensitive, inclusive methodology to explicitly and transparently triangulate the voices of different social role groups, and/or disaggregate quantitative data, where applicable.

Analysis was triangulated across sources and data types, as well as between methods, theories and descriptive survey analysis. The effects of outcomes and impacts (intended or unintended) were determined and assessed in a disaggregated way for different types of duty bearers and right holders. The survey data was compared to the interview and focus group data for the sub-samples involved in all measures, to triangulate and examine similarities and differences in the findings from the different methods used. The team scrutinised the data for related findings and common topics or areas for comparison, and checked for inconsistencies, anomalies, or conflicting findings. Debrief sessions helped to validate the findings and test conclusions with UNODC teams prior to the development of the final report. See **Chart 1**.

Chart 1. Convergent mixed methods design



### Human Rights and Gender Equality

There was a strong focus on Gender Equality and Human Rights throughout the analytical process. This was not only related to specific relevant questions but was integral to the process and done at multiple levels:

- (i) the alignment of programming at country, regional and global levels with intergovernmental norms and standards, and with national Human Rights instruments;
- (ii) the adherence of programme design, processes and implementing practices with Human Rights principles;
- (iii) the extent to which programme activities identify and address root causes of gender discrimination and inequity;
- (iv) the extent to which programme activities empower duty bearers to recognize, protect, and fulfil the realization of Human Rights;
- (v) the extent to which programme activities empower rights holders to understand and demand their rights; and
- (vi) ensuring do-no-harm principles.

The evaluation provides specific recommendations addressing Gender Equality and Human Rights issues, and priorities for action to improve these considerations in the current interventions and future initiatives.

### Ethical Considerations

The evaluation was conducted in accordance with the UNODC Evaluation Policy, UNEG Ethical Guidelines, Code of Conduct for Evaluation in the UN System, and the UN norms and standards for evaluation in the UN System. The evaluation team ensured that instruments were culturally appropriate and sought informed consent prior to administering the interviews and surveys. The team explained the purpose of the evaluation prior to receiving consent from participants. Participants were made aware that the data given to the evaluation team remained their property. In addition, all evaluation participants were provided with contact details of the evaluators so that they could request to access, correct, or delete their data if they so desire not to be associated with the evaluation. All data were held on password protected computers only accessible to the evaluation team. The team provided de-identified data to IES to protect the confidentiality of the participants per terms of reference for this evaluation.

The outcome of the evaluation was communicated through a participatory validation process. The evaluation team members pledged to report any real or perceived conflicts of interest at any point of the evaluation process.

## LIMITATIONS TO THE EVALUATION

At the inception stage, time and budget constraints for the evaluation limited the methodological options available, including the possibility of using a programme case series approach (whereby each programme would have been assessed in terms of contributions to the cluster itself with a goal of developing a cluster strategic plan), which would have been more beneficial to the evaluation.

The evaluation was limited in so far that due to time, budget and data constraints, impact in terms of changes in the lives of clients/patients attributable to the programmes was not assessed. Given that conducting a rigorous impact evaluation, focused on the impact of the programmes in terms of changes in the lives of clients/patients, was not feasible, the evaluators focused on assessing UNODC's *contribution* to impact on programme clients/beneficiaries at the institutional level, by conducting a comprehensive desk review, as well as interviews and a survey targeted to partner/beneficiary institutions.

Travel restrictions associated to the ongoing Covid-19 pandemic affected the data collection, as field visits for face-to-face meetings / interviews with relevant key stakeholders were not possible. This was mitigated by conducting remote data collection (via Zoom and MS teams) to access key informants. The collection of data through interviews to client/beneficiary institutions was somewhat compromised as well by virtue of data collection occurring during the summer months when identified key informants and stakeholders were on annual leave. The evaluation team partially mitigated this by extensive in-depth interviewing on Zoom and MS teams with available key informants; and offering these individuals the opportunity to complete a survey during a time of their own convenience.

One important limitation, which also affected the data collection (i.e. in relation with programme GLOK42), was political instability and the security situation in Afghanistan, and the inability to engage with identified participants in this country, especially since August 2021.

**Table 2 Limitations and Mitigation Measures**

| Limitations to the evaluation   | Mitigation measures  |
|---|--|
| Difficulties to assess performance at the cluster level, given the lack of a formal strategic plan, underpinning the three global programmes at their outset, with higher level strategic objectives/results.                 | The inclusion of questions in the survey and interviews so as to seek identify and, if any, understand the underlying "cluster logic" of UNODC's work, as a whole, on drug dependence and treatment.   |
| Lack of available data of impact attributable to the programmes in terms of changes in the lives of clients/patients; and budget and time constraints making unfeasible the collection of data so as to estimate such impact. | Limitation of the evaluation scope, which does not address the impact of the programmes on individuals (clients/patients). Given data, time and budget constraints, the evaluators assessed the contribution of programmes to impact by carrying out a comprehensive desk review and by collecting data through interviews and survey. |
| Covid Travel restrictions meant field visits for face-to-face meetings / interviews with relevant key stakeholders were not possible  | Remote data collection (Zoom, MS teams) to access relevant key stakeholders was a mitigation measure.  |
| Difficulties scheduling the interview/focus groups due in part to clash with seasonal vacation time   | Offering a survey  |
| Political instability and the security situation in Afghanistan affecting the data collection, especially since August 2021   | Given the extremely difficult security situation in Afghanistan, mitigation measures were taken in the form of virtual interviews.   |

## II. EVALUATION FINDINGS

### RELEVANCE

To what extent is the design of UNODC PTRS's portfolio of drug use disorder treatment and care programmes (GLOJ71, GLOK42, GLOK32) appropriate for ensuring cohesive messaging (in alignment with the UNODC-WHO International Standards for the Treatment of Drug Use Disorders (2020) for evidence-based policies and services for drug use disorder treatment and care)?

To what extent are the outputs, outcomes and objectives of these programmes relevant to implementing the Sustainable Development Goals and other relevant policy documents (e.g., 2009 Political Declaration and Plan of Action on Drugs, UNGASS 2016 Special Session on the World Drug Problem, CND Ministerial declaration 2019, CND resolutions)?

To what extent are the specific aspects and context of target countries and regions considered in the development, implementation, management, coordination, and monitoring of the programmes?

To what extent has each programme evolved overtime in response to changing trends and needs?

To what extent have the International Standards on Drug Use Prevention / Treatment of Drug Dependence evolved overtime in response to changing trends and needs?

To what extent is UNODC's work on drug dependency and treatment by GLOJ71, GLOK42 and GLOK32 relevant to the achievement of the goals of UNODC Strategy 2021-2025?

Triangulation of all data collected supports that the Global Programmes (GLOK32, GLOK42 and GLOJ71) were designed to ensure cohesive messaging by the PTRS Section, in alignment with the WHO/UNODC International Standards for the Treatment of Drug Use Disorders (2020), as well as with prior documents from which the Standards have evolved. The Global Programmes' relevance is substantiated by an increasing global concern to find and agree upon a scientifically based set of methods for treating drug use disorders, particularly drug dependency, injection drug use and those drug users at risk of mental health problems, HIV and other blood borne diseases. The Standards were viewed by all of those consulted in this evaluation as an exemplar in approaching all facets of drug use in terms of biological, sociological and psychological vulnerabilities along a continuum of care. The strengths of the programmes were described by many as based on real needs assessed through baseline data, field experience and academic research. 50% of survey respondents considered the designs of the programmes to be extremely appropriate, while 50% also thought the outcomes of the UNODC PTRS's portfolio were extremely suitable for specific aspects of target countries and regions.

Triangulation strongly supports that the three global programmes are significantly relevant, as they have consistently promoted and advocated for strategies, policies and capacity building to support the development of a health response to problem drug use, rather than one based on the criminal justice system: evidence-based treatment and care rather than punishment and sanctions as a response to people who use illicit drugs. Interviews indicate that the UNODC PTRS has continuously worked on its commitment to put such drug demand reduction challenges on the global health agenda. SWOT and interviews with stakeholders strongly support that over the last decade the three Global Programmes have been in line with numerous CND Resolutions, including CND Resolution 58/5, by supporting and advocating for a global shift from a criminal justice stance towards people who use drugs to a health-based one. The programmes have also furthered prior advocacy efforts and the mandates which preceded them. The Resolution invited UNODC, in consultation with Member States and relevant international and regional organizations, to collaborate in finding alternative measures to conviction or punishment. A stated aim of the international drug control conventions is to protect the health of individuals and society from the harmful effects of drug use that undermine social cohesion and opportunities for social development. Article 38 of the Single Convention

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(1961) underlines the crucial role of social and health interventions and the need for treatment, aftercare, rehabilitation and social reintegration for persons with substance use disorder.

Triangulated data reveals that the programmes were designed cognisant that a punitive approach to drugs such as criminalization, coercive treatment by the courts, aggressive policing and imprisonment can discourage people who use drugs from seeking health care and can reinforce marginalization and stigmatization. In many countries, the illicit use of psychoactive drugs is still treated as criminal behaviour leading to financial sanctions and possible imprisonment, with its attendant social and economic costs to the individual, the family and the community. Primary relevance (and value added) of the PTRS and the three Global Programmes has therefore been underpinned by a focus on persons with substance use disorder, particularly those who are drug dependent, as people with a range of biopsychosocial health problems not as criminals. Programmes are strongly aligned with the UNODC Strategy 2021-2025 and the UNODC Regional Strategic Visions –for example, the Strategic Vision for Africa 2020-2030 (approved in February 2021).

Desk review indicates that in 1998 the UN General Assembly had already adopted the Declaration on the Guiding Principles of Drug Demand Reduction, which emphasized that demand reduction programmes should cover all areas of prevention, from discouraging initial use to reducing the negative health and social consequences of drug abuse for the individual and society as a whole (UNGASS, S-20/2, Political Declaration, Twentieth special session Agenda items 9, 10 and 11, A/RES/S-20/2\* 21 October 1998). The Outcome Document of the 2016 United Nations General Assembly Special Session on the World Drug Problem recognised drug dependence as a complex, multifactorial health disorder characterized by a chronic and relapsing nature with social causes and consequences that can be prevented and treated by effective scientific evidence-based drug treatment, care and rehabilitation programmes. These programmes include community-based interventions and strengthen capacity for aftercare and the rehabilitation, recovery and social reintegration of individuals with substance/drug use disorders, including assistance for effective reintegration into the labour market and other support services.

Treatment and care of drug use disorders cover a wide range of options, including harm reduction. In 1998 the CND first talked about “preventing the health and social consequences of drug use”, acknowledging the need for a harm reduction approach (while not using that terminology); thus, recognising the need for a holistic approach and a continuum of care that includes the entire spectrum of policies and treatment options. UNODC has also stressed that international drug control and the scientific evidence show that a comprehensive set of measures is needed to reduce the adverse health and social consequences of ‘drug abuse’ (a term now largely replaced with problem drug use or substance use disorders). Interviews underscored how harm reduction is not a distinct package but is intertwined in and part of the continuum of care of people who use drugs, and underpins the public health response to tackling drug demand. The S-O-S overdose programme is a key example of this. Challenges centre on the lack of acceptance of this public health strategy by some governments. Routes to acceptability can be further boosted through the HIV agenda. Stakeholders interviewed observed how the Standards, and adoption of these Standards, can improve with greater detail around stigma, positioning, cultural appropriateness and the addressing of regional and country specific needs. Harm reduction was aptly illustrated by one stakeholder who said: ***“we need to reduce demand for drugs and we need harm reduction to reduce consequences”***.

It should be noted that interviewees also raised the issue that there is still no global standard definition of problem drug use (World Drug Report 2000), with definitions ranging from injecting drug use or long duration/regular use of opioids, cocaine and/or amphetamines to the use of any drug which is causing medical, social, psychological, physical, financial or legal problems. The three global programmes have followed WHO nomenclature, as per ICD-10 and 11. However, triangulated data strongly supports that, despite this gap, the expansive biopsychosocial health approach by the Global Programmes acknowledges the complexities of drug dependency, which can be psychological and/or physical in nature.

Interviewees report on the challenges of variance in prevalence and typology of drug use. While there is a higher prevalence of drug use in more developed countries, the problem may be more acute in resource poor settings in low- and middle-income countries where the Programmes have their activities and where many people are socially and economically disadvantaged and usually there is a lack of accessible treatment and

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care services with only 1 in 8 people with drug dependency having access to treatment and care. Desk review indicates that, at the start of GLOK32 in 2010 (Annual report for 2010), it was clear that to achieve their objective in low and middle-income countries they would have to promote the development of comprehensive and integrated health and social care systems able to deliver a continuum of care for people with drug use disorders, including drug dependence treatment options like detoxification, pharmacological and psychosocial therapies, rehabilitation and aftercare; as well as harm reduction options such as HIV/Hepatitis B/C prevention and care, and reduction of other negative health and social consequences. Similarly, since its inception GLOJ71 has conducted systematic advocacy for recognition of drug dependency as a health disorder and recognised the need for sustainable quality treatment services, including HIV prevention.

While GLOK42 has mainly worked in Afghanistan, it was developed to promote a worldwide coordinated response to children and adolescents at risk of using drugs, and youth affected by drug dependence, with the aim of preventing drug use and treating drug dependence by addressing the health and social consequences of drug use disorders. Some interviews with stakeholders commented on the restrictive nature of GLOK42 to that of children and adolescents, and the lesser geographic scope of this programme. Others emphasised that this was a pioneering initiative, the first global programme for children and adolescents who were at risk from problem drug use.

Between about 63% and 74% percent of survey respondents believed that the outcomes of UNODC PTRS's portfolio on drug use disorder treatment and care programmes were extremely relevant. All the outcome indicators were highly correlated in determining the overall relevance of the programmes. In particular, the mobilization of international community (governments, policy makers, parliamentarians and other key stakeholders) to start large-scale urgent processes to develop effective prevention, treatment and health/social protection systems targeting children and adolescents at risk of drug use was highly correlated to the implementation of the SDG and CND Ministerial declaration 2019. The outcomes of the PTRS's portfolio on drug use disorder treatment and care programmes were seen by 73% of survey respondents as relevant to the implementation of the Sustainable Development Goals, while 74% considered them relevant to the UNODC Strategy 2021-2025.

### SUMMARY – RELEVANCE

The three global programmes on drug treatment are in line with numerous CND Resolutions, including CND Resolution 58/5, by supporting and advocating for a global shift from a criminal justice stance towards people who use drugs to a health-based one. Programmes are strongly aligned with the UNODC Strategy 2021-2025 and the UNODC Regional Strategic Visions; and designed to ensure cohesive messaging in alignment with the Standards and prior documents from which the Standards have evolved.

Relevance of the Standards is strongly substantiated by how they have evolved over time in response to changing global trends in drug use and are underpinned by the increasing global concern to find and agree upon a scientifically based set of methods for treating drug use disorders, particularly drug dependency, injection drug use and those drug users at risk of mental health problems and HIV and other blood borne diseases.

The three global programmes have also evolved strongly in response to changing global, regional and country level trends and needs, whereby the added value is that the PTRS and the three Global Programmes have consistently promoted and advocated for strategies, policies and capacity building to support the development of a health response to problem drug use, rather than one based on the criminal justice system: evidence-based treatment and care rather than punishment and sanctions as a response to people who use drugs and people with drug use disorders. Challenges centre on the lack of acceptance of harm reduction and other evidence-based treatment as a public health strategy by some governments. Routes to acceptability can be further boosted through coordination with the HIV agenda.

## EFFICIENCY

### EVALUATION QUESTIONS:

To what extent are the programme resources/inputs (funds, expertise, staff time, etc.) converted to outputs in a timely and cost-effective manner?

To what extent have administrative processes facilitated programme implementation and delivery of results (e.g. procurement of equipment; delivery of training, etc.)?

To what extent have administrative processes hindered programme implementation and delivery of results (e.g. procurement of equipment; delivery of training, etc.)?

To what extent does the current organizational structure of UNODC support the PTRS (in terms of all three global programmes)?

To what extent have the programme's resources been managed in a transparent and accountable way and used efficiently? To what extent can it be improved?

Overall, all the outcome indicators were highly correlated in determining the overall efficiency of the PTRS programmes. 45% of survey respondents believe that the UNODC's processes and procedures are extremely efficient in facilitating programme implementation, with a further 31.7% reporting moderate efficiency, 10.8% reporting somewhat efficient, 6.75% reporting slightly efficient and 0.8% reporting not efficient at all with procurement of equipment being the key indicator.

Triangulation of all data collected supports that all three Global programmes have utilised their resources efficiently to achieve their outputs in relation to their inputs. Financial information was derived from semi-annual and annual progress reports prepared as part of UNODC's regular reporting cycle.

In contrast to the desk review assessment, the SWOT assessment and interviews with PTRS staff reveal a constraining factor in the efficiency of the global programmes is the amount and regularity of funding they receive which contributes to a strongly donor driven approach to programming and, in some instances, to a piecemeal ad hoc approach. The reliance on few donors has also resulted in donor driven projects and short funding cycles, which are observed by those interviewed as hindering the natural creativity and evolution of the programmes. In this sense, those working in the field and their local counterparts are crucial to creating programmes based on real need and suitability. There is a strong need to leverage and attract multiple funders to move beyond the reliance on one or few large donors who come with a particular focus/ethos. The lack of scope for flexibility in some instances led to a mismatch and implementation of short scale funding projects, often not in response to country level needs.

Other constraints include late funding decisions by donors, delays in pledges, no additional funding for key staff, some originally envisaged project activities still unfunded. For example, the 2017 project revision for GLOJ71 showed that, while workplans for 2017, 2018 and 2019 were funded, workplans for 2020, 2021 and 2022 totalling over US\$4,000,000 remained unfunded.

At the time of the evaluation, GLOK32 Financial Reports between 2010 and 2014 show seven donors, namely France, Italy, Russian Federation, One UN Vietnam, Sweden, the UAE and the USA. Project financial reports from 2015 to 2019 contain no information on donors. There are no separate financial reports for GLOK42 submitted for the desk review, but annual reports reveal three donors, namely Canada, Israel and USA. By far, the largest donor is US/INL, with other donors providing funding for project support –for example, in 2017, funds from Israel supported a pilot intervention in Kyrgyzstan in partnership with the global human trafficking project. GLOJ71 Financial Reports show eight donors, namely Canada, Germany, Japan, One UN Vietnam, OPEC, Spain, Sweden and the USA. There are no donors shown on Financial Reports between 2015 and 2019. In 2017, the programme requested a project revision for Treatnet Phase II to increase the budget by US\$5,000,000 aimed at extending the project for five (5) more years until 31 December 2022.

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Only about 11% of survey respondents thought that the UN financial system was extremely efficient in enabling timely flow of resources to support implementation of planned activities, while 42% rated this financial system as somewhat efficient and about 34 % rated it as moderately efficient.

Efficiency was observed by some stakeholders during interview to be dependent on the country context and, in some instances, hindered by staff turnover, procurement processes, the introduction of the framework for the engagement of external partners known as FEEP and bureaucracy. This suggests that there are opportunities for efficiency gains by further taking into account the specific context and needs in each region/country in the prioritisation of activities.

There were some comments that communication between sections, senior management and to decision makers within UNODC could be improved, and that there was limited awareness of the programmes at the higher UNODC levels around the global reach and impact. There was observed potential for greater synergies to optimise on efficiency between programmes on prevention and treatment of drug use, and prevention and treatment of HIV across programmes and activities.

Many of those interviewed observed that COVID-19 restrictions, and the associated shift toward remote working (including the provision of online training), enhanced efficiency and was indicative of the reduced importance of excessive travelling to the field. This was viewed as an important lesson learned, which many felt was ignored by higher management.

### **SUMMARY – EFFICIENCY**

All three Global Programmes have utilised their resources efficiently to achieve their outputs in relation to their inputs, despite hindering factors such as late funding decisions by donors, delays in pledges, no additional funding for key staff, and some originally envisaged project activities still remaining unfunded. Only about 11% of survey respondents thought that the UN financial systems were extremely efficient in enabling timely flow of resources to support implementation of planned activities.

A constraining factor in the efficiency of the global programmes is the amount and regularity of funding they receive. This contributes to a strongly donor driven approach to programming and, in some instances, to a piecemeal ad hoc approach. The reliance on few donors has also resulted in donor driven projects and short funding cycles, which are observed by those interviewed as hindering the natural creativity and evolution of programmes. The lack of scope for flexibility has in some instances led to a mismatch and implementation of short scale funding projects, often not in response to country level need.

There is a strong need to leverage and attract multiple funders to move beyond the reliance on one or few large donors who come with a particular focus/ethos. Efficiency also depends on the country context and levels of staff turnover, procurement processes and bureaucracy.

There is potential for greater efficiency of programmes and activities based on region/country context and needs, as well as on synergies between prevention and treatment of drug use, and prevention and treatment of HIV.

## COHERENCE

### EVALUATION QUESTIONS:

To what extent did the programmes develop or strengthen existing and new partnerships at national, regional, and global levels (including with UN agencies, CSOs, academia, etc.)?

To what extent are GLOK32/GLOK42 and GLOJ71 designed and coordinated to ensure synergies and contribute to the overall work of PTRS?

To what extent do the programmes contribute to the One UN, UNDAF, and other UN system-wide coordination mechanisms (e.g. participation in UN Country Team)?

To what extent do the Global Programmes under PTRS contribute to the creation of appropriate synergies with existing initiatives of UNODC at the HQ, regional and country/national levels ?

Desk review reveals that in 2003, the 46th CND adopted the UNODC proposed programme of work on demand reduction for the period 2003-2008, submitted in response to Resolution 46/1 which stressed the importance of evidence-based treatment and rehabilitation programmes for people with drug use disorders. It was then necessary for the programmes to raise awareness of policy makers about the comparative advantage of investing in treatment and rehabilitation, rather than criminal justice options for those with drug use disorders. To enable this, the programmes further developed and extended a wide range of partnerships to support national authorities to develop the necessary relevant legislation, policies, and standards of care. Between 58% and 60% of survey respondents were very satisfied or extremely satisfied with the extent that the PTRS programmes strengthened partnerships and developed new partnerships at the national, regional, and global level.

Whilst the programmes were aligned with the thematic programme on health, interviews with stakeholders underscored the lack of a clear, explicit strategy underpinning the three global programmes, individually as well as a collective. Having this strategy from the outset could have guided the direction and development of the global programmes and their partnerships in a clearer manner and could have reduced the piecemeal approach to programming which, whilst impactful and successful, was still fragmented.

All three Programmes are linked to the thematic programme Strategic Framework Sub-programme Health and Livelihoods: combatting drugs and HIV, and work in close collaboration with other colleagues in PTRS. They have also consistently made inputs to CND events, marking an important contribution towards increasing awareness amongst Member States about the importance of providing evidence-based treatment and care for drug use disorders.

Triangulation of data strongly supports that the three global programmes have been fully globally engaged since inception and have based their activities on strong networking to form partnerships with a wide range of organisations, institutions and key individuals. All programmes base their activities on the development of strong partnerships ensuring synergies and a distinct contribution to the work of the PTRS section.

Global programmes strengthened existing partnerships in some regions and countries –for example, in those with large UNODC regional and country offices. In countries where there is no UNODC country office, or where the presence of UNODC (or WHO) is limited, they developed new partnerships. A GLOK32 Mentor in Cambodia, for example, provided technical input to the UNDAF Cambodia report, which highlighted collective and descriptive achievements of the UN country team towards the SDG to achieve the Agenda 2030 for Sustainable Development. Following UNGASS 1998 S-20/3, the programmes have recognised the necessity for and adopted a community-wide participatory and partnership approach for the formulation and implementation of appropriate policies and programmes to tackle the prevention and treatment of drug use disorders. To this end, they have partnered with a wide range of Government entities, UNODC regional and national offices, other UN agencies, academics, non-governmental organisations and community groups (UNGASS, S-20/3. Declaration on the Guiding Principles of Drug Demand Reduction, Twentieth special session

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Agenda items 9, 10 and 11, A/RES/S-20/3 8 September 1998). 43% of survey respondents were very or extremely satisfied with the coordination between UNODC and major groups involved to leverage strengths for more effective programme implementation; while 45% were very or extremely satisfied with the oversight of the Technical Advisory Group. 50% often or always provide information to the overall work of the PTRS, and 43% report that they often or always participate in UN system-wide coordination mechanisms.

GLOK42 has supported the Integrated Country Programme for Afghanistan and coordinated activities with the Regional Programme for Afghanistan and neighbouring countries. The Programme has mainly worked in Afghanistan and provided support and technical assistance to other countries such as Bangladesh, Pakistan, Liberia and India. The Programme established links with the media and high-ranking personalities to call for immediate action to improve the living condition of children worldwide, reduce the risks of developing drug use disorders and provide appropriate treatment strategies for children and adolescents. Networking and partnerships have been innovative. In Afghanistan, for example, programme partners liaised with the ministries of Education, Labour and Social Affairs, and Women regarding provision of shelter, security and food for children and adolescents, including the disabled, in Kabul. After such provision was established, relevant ministry staff were then provided with basic training, such that drug-related issues and problems for children and adolescents became incorporated in the work of those ministries with a social services remit.

Working on a broader global scale, GLOK32 has opened a dialogue with Member States in order to involve a wide group of government ministries such as those for health, social welfare and criminal justice in the adoption and development of evidence-based drug treatment services based on the Standards. The programme also coordinates with a range of regional programmes, including ECOWAS, EMCDDA and CICAD and UNODC Regional programmes for Central Asia, South East Asia, East and West Africa, South Eastern Europe (XCEU60); and Afghanistan and Neighbouring Countries. It has also contributed to the UNODC Thematic Programme Addressing Health and Human Development Vulnerabilities in the Context of Drugs and Crime Objective since 2009.

GLOK32 also actively coordinates with GLOJ71 and has ongoing activities with this programme and GLOK01 (Prevention of drug use, HIV/AIDS and crime among young people through family skills training programmes in low- and middle-income countries). The title of GLOK32 was changed to Partnerships for Treatment and Care of Drug Use Disorders – including the UNODC-WHO Programme on Drug Dependence Treatment and Care. Its' title change gives particular focus on establishing partnerships, based on the 2020 WHO/UNODC Standards and provision of technical assistance.

As outlined in the programme overviews, GLOJ71 is active at UNODC Headquarter level and in five (5) countries in Central Asia: Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan, Uzbekistan (ROCA region). It has worked with a varied range of partners, including the ACFR, aimed at improving the capacity of the network of Drug Use Disorder Treatment Services in Tanga, Tanzania, the ISSUP, and the US/INL Embassy in Kazakhstan.

Interviewees, in particular, stress the importance of multi-disciplinary and inter-ministerial partnerships and collaborations to support operationalisation of programmes and advocating for the Standards. Some indicated that, whilst the NGOs advocating on behalf of people who use drugs was part of the process, this could be further improved –in particular, by including ex-user lived experiences when designing programmes, and by culturally adapting them to countries and contexts as needed. This was also viewed as crucial to capacity building of an inclusive approach at country, regional and global levels. Interviews with stakeholders revealed that certain regions could benefit from greater consultation in the global programmes going forward (Eastern Europe as an example).

Benefits of collaborative working were described during interviews, and included indirect networking and collaboration between individuals, agencies and governments, and the promotion of the UNODC mandates. Interagency collaboration leading to strong evidence and advocacy for scientific value was described by several interviewed as underpinning the PTRS programmes, particularly regarding the integration and support for regional and country programmes. This is particularly important in countries where the health response to drugs is mostly underfunded or, in some instances, unfunded (with the sole focus being the criminal justice response to drugs).

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Several interview participants commented that UNODC in general and particularly the PTRS could do more in terms of active relationship building at the regional levels, in order to leverage the personal relationship following formal introduction in supporting achievement of the programme goals. Regional programmes were observed to be very important in providing a platform, maintaining profile and visibility of programmes, as well as showcasing standards and programmes to regional and continental organisations and governments. Some stakeholders suggested the development of UNODC Regional Drug Treatment Advisors, to support programming, and development of regional training hubs.

The ability of Programme staff to develop good partnerships and personal relationships in order to create necessary synergies with policy makers in national governments was emphasised by several interviewees. As one key stakeholder said, *“The competence and authority of PTRS staff is a big buy-in for us. It helps us to be partnered with them, it gives us credibility and opens doors to governments and CSOs.”* It was also recognised that it takes time and patience to develop effective partnerships, a process that faces challenges such as turnover of staff in key organisations.

### SUMMARY – COHERENCE

The lack of a clear, explicit strategy underpinning the three global programmes, individually as well as a collective, is an issue. Having this strategy from the outset could have guided the direction and development of the global programmes in a more clear and collaborative manner.

All three Programmes are linked to the thematic programme Strategic Framework Sub-programme Health and Livelihoods: combatting drugs and HIV, and work in close collaboration with other colleagues in PTRS. They have also consistently made inputs to CND events marking an important contribution towards increasing awareness amongst Member States about the importance of providing evidence-based treatment and care for drug use disorders. They have been strongly globally engaged since inception and have based their activities on strong networking to form partnerships with a wide range of organisations and institutions ensuring synergies and a distinct contribution to the work of the PTRS section.

UNODC in general and particularly the PTRS could do more in terms of active relationship building at the regional levels, in order to leverage the personal relationship following formal introduction in supporting achievement of the programme goals. Regional programmes were observed to be very important in providing a platform, maintaining profile and visibility of programmes, as well as showcasing standards and programmes to regional and continental organisations and governments. The development of a UNODC Regional Drug Treatment Advisor, could support programming and the development of regional training hubs.

There was evidence of strong multi-disciplinary and inter-ministerial partnerships and collaborations to support operationalisation of programmes and advocating for the standards. Whilst the NGOs advocating on behalf of people who use drugs was part of the process, this could be further improved, and particularly by including ex-user lived experiences when designing programmes, and when culturally adapting them to certain countries and contexts. This is crucial to capacity building of an inclusive approach at country, regional and global levels.

## EFFECTIVENESS

To what extent have the objectives and outcomes of the programmes been achieved or can be expected to be achieved?

What have been the facilitating factors in achievement of results in each programme?

What have been the hindering factors in achievement of results in each programme?

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By what means, if any, do the programmes adapt to the changing and emerging global, regional and national (Member State) priorities and needs to address drug use disorders and support drug use disorder treatment and care in line with UNODC mandates?

To what extent have the three Global Programmes contributed to increased provision of UNODC technical expertise and alignment of UNODC Global, Regional and Country interventions on drug dependence and treatment?

Effectiveness of the three global programmes was strong in terms of achieving programme and project goals, outputs and outcomes. All outcome indicators were highly correlated in determining the overall effectiveness of the three Global programmes with about 86% of survey respondents reporting that the programmes outcomes are either moderately or extremely suitable for: the needs of the target countries and regions on drug use disorder treatment and care; the priorities of the target countries and regions on drug use disorder treatment and care; and the national development goals of the target countries and regions with the needs of the target countries and regions being the key indicator. This is despite having to overcome numerous challenges and difficulties.

In line with UN mandates, the Programmes have consistently achieved their objectives, frequently in very challenging contexts, for example post conflict countries like Liberia, Iraq and Afghanistan, where continuing security problems have negatively impacted on programme activities. Interviews with stakeholders in Afghanistan indicate concern around potential losses to staff and programme gains.

Overall, outcome indicators were highly correlated in determining the overall effectiveness of the PTRS programmes, with about 86% of survey respondents regarding the outcomes of UNODC PTRS's portfolio as either moderately or extremely suitable for the needs, priorities and national development goals of the target countries and regions on drug use disorder treatment and care, with the needs of the target countries and regions being the key indicator.

Desk review revealed that, in line with the three international drug control conventions, a joint statement by INCB, UNODC and WHO in 2018 stressed that, to achieve the 2030 Agenda on Sustainable Development, including its health targets, the world drug problem had to be addressed with a greater focus on the health and well-being of people, by adopting a balanced, comprehensive and multidisciplinary approach putting people at the centre of the response, particularly those who are the most vulnerable. (Joint Statement of INCB, UNODC and WHO in Implementation of the UNGASS 2016 Recommendations Working together for the health and welfare of humankind, 61st session of the Commission on Narcotic Drugs 12 March 2018). With the common goal of globally promoting an evidence-based health-centred approach to the treatment and care of drug use disorders, with the needs of people with drug use disorders at its core and based on the Standards, activities at the programme level (to a greater or lesser extent) are focused on:

- Advocacy, networking, coordination, and the development of necessary partnerships, policies, protocols, strategies and projects in cooperation with selected Member States, particularly government ministries, UNODC regional and national offices, NGOs, universities and research centres, communities and other organisations and institutions.
- Capacity building, consisting of comprehensive cascade training programmes, provision of technical tools, and technical assistance such as support and mentoring services plus project monitoring and evaluation.
- Development of a wide range of drug treatment services and procedures, based on the Standards, for example: residential based treatment, drop-in, rehabilitation, community outreach, relapse prevention, social reintegration. Delivering such services present a particular challenge in low-income countries (and, to some extent, in lower middle-income countries as well), for service providers as well as persons using drugs, their family and community.
- Drug treatment-related assessment, data collection and technical tools are also established to ensure relevant and culturally appropriate treatment services.

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To facilitate this third area of work for the programmes, and to continue its commitment to put DDR and, in particular drug dependence treatment and care, on the global health agenda; the PTRS has recently reached out to all Permanent Missions through a Note Verbale requesting relevant information about current national level Quality Assurance mechanisms and institutions for drug use disorder treatment services. Interviews with key stakeholders revealed that this step is welcome and needed, with a particular emphasis on developing clinical audit mechanisms to ensure quality and professional learning.

GLOK32 developed through an interagency agreement between UNODC and WHO, which was signed during the level segment of the 2009 CND, to commit the Programme to include joint work on the global, regional and national level, with a particular focus on low and middle-income countries, evidence-based and ethical treatment policies, strategies and interventions to reduce the health and social burden caused by drug use and dependence. Triangulation of data strongly supports that this joint work is effective and working links have been established throughout the Programme with a wide range of partners that have facilitated /activated the health subprogrammes in the regional programmes, for example KHMK51 (Community Based Treatment for drug users in Cambodia), the Regional Programme on Drug Control, Crime Prevention and Criminal Justice Reform in the Arab States 2011-2015, XCEU60 Regional Programme for Southeastern Europe.

Advocacy has been a consistent and key priority for GLOK32, including at the national level, where the development and approval of national quality standards of drug dependence treatment services (based on the Standards) are essential before starting treatment project activities. For example, along with the UNODC ROCA DDR team, the Government of Uzbekistan passed a Decree “to improve the system of narcological assistance to the population of the Republic of Uzbekistan” that included measures for further development of the national drug dependence treatment system. After Quality Assurance system level workshops, Pakistan requested technical assistance for the development of national treatment standards. At national level the programme has covered over 60 countries with a diverse portfolio of activities, particularly training on the Nature, Prevention and Treatment of Drug Use Disorders for policy makers. In 2018, 15 policymaker trainings were provided to a total of 551 high-level national decision makers from Brazil, Cambodia, Chile, Colombia, Costa Rica, Indonesia, Kazakhstan, Lao PDR, Panama, Peru, Serbia, Uruguay and Viet Nam. 24 other countries were reached through two trainings conducted at the 2018 ISSUP conference. This offered an opportunity to bring together government agencies like health, justice and education to work on joint national priorities aimed at enhancing evidence-based drug use prevention and drug treatment services. The average increase in knowledge, from the beginning to the end of training sessions, was more than 12%. A follow-up meeting survey showed that 91.7% of the participants said their attitudes and knowledge changed as a result of the workshop, and 83.3 % said that they used the acquired knowledge in their daily work.

GLOJ71 has established a Treatnet Training Package, expanded in GLOK32 by including family therapy materials, designed to support Member States in their efforts to provide evidence-based drug use disorder treatment and care, including HIV prevention, treatment and care. Triangulation of data strongly supports that this package is very comprehensive and provides skills-based training in several key areas, including counselling, motivational interviewing, CBT strategies, pharmacological options and co-occurring disorders. Most importantly, the package also provides training in areas such as operational management, teamwork, governance and evaluation for developing treatment services, an area of training that can be overlooked when providing capacity building, especially in low-income countries. GLOJ71 are to be commended for including this in the Treatnet Training Package and also their Treatnet Family training module which contains a training-of-trainers package, with more than 200 professionals trained by September 2021. Training is also provided for drug dependence treatment professionals through the UTC training package –for example in 2019, 630 professionals received training, with an average knowledge increase of 40.17%. It is estimated that these professionals reached approximately 3,500 patients in the Central Asian Region.

The development of the Global Mentors Network, in close cooperation with GLOJ71, provides guidance and assistance to national counterparts, trainers and practitioners working in the field of the treatment of drug use disorders. When finalised, **UNODC Country Overviews (country factsheets/profiles)** which translate key national information into a visually attractive format (for publication after national clearance by the Mentors) will provide a necessary platform to develop and/or enhance treatment and care services for people with drug use disorders.

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In close conjunction with WHO, an overdose prevention study was conducted in Ukraine, Kazakhstan, Kyrgyzstan and Tajikistan on the community management of opioid overdose. This included the provision of emergency naloxone to people (including drug users) likely to witness an opioid overdose and who have received training and a SOS naloxone kit – a potential life saver. This SOS initiative, protocol and related materials was passed in 2019 by the WHO Ethic Research Committee and has been a major achievement of GLOK32. In the framework of the SOS project and study, more than 14,000 people likely to witness an overdose were trained on effective emergency management with naloxone in only 9 months implementation time, used naloxone in around 4,000 suspected overdoses and saved an estimated 400 lives.

The first phase of GLOK42 targeted Afghanistan as a pilot project of a much wider global initiative involving the large-scale mobilization of a range of partners in public institutions, civil society, academia and the media to improve the living condition of children worldwide, reduce their risks of developing drug use disorders, and provide appropriate treatment strategies relevant to this specific age group. Such an ambitious objective to increase coverage by expanding services to other countries was considered donor dependent by interviewees, who suggested that funding was prioritized to only specific regions or segments of the project. To date, the bulk of funded programme activities have been in Afghanistan, with some activities in Bangladesh, India, Liberia and Pakistan starting in 2013 and ongoing to 2017 (to note, no Annual, semi-Annual or Quarterly programme reports beyond January 2018 were submitted to the evaluation team). No other countries have been added to the list of countries targeted by GLOK42, apart from Kyrgyzstan where a pilot intervention is supported, in partnership with the global human trafficking project. In 2013 the programme reported activities with 7 NGOs in 5 provinces of Afghanistan, supporting 8 outpatient, 10 outreach and 10 residential treatment services that included a capacity of 325 beds for women, children and male and female adolescents. By 2017, activities continued with capacity building of NGOs and MOPH/MCN staff to enhance treatment efforts and promote the Standards with procurement of 5 comprehensive drug treatment services for children and women in 5 provinces including 5 residential, 5 outpatient and 15 outreach services. As a result of this global project implementation in Afghanistan, each year over 5,000 children, adolescents and women have received screening, outreach services, outpatient services, and residential services with follow up wrap around support.

Psychosocial tools and protocol interventions have also been developed, as well as planning and participation with a wide range of partners –for example, the Child Protection Action Network or C-PAN in a meeting organized by the MoLSM and supported by UNICEF. Annually, over 200 healthcare professionals are trained on the psychosocial protocols for children and adolescents and on basic counselling skills, and regularly given follow-up training to keep skills honed. It is noted that in Afghanistan there has been significant staff turnover in implementing NGOs, so maintaining regular workforce training has been integral to GLOK42's work. Psychosocial protocols have also been disseminated in Bangladesh, India and Pakistan –for example, in Bangladesh 40 staff were trained from five different organizations and 15 persons received the training as part of a TOT programme.

During the period under evaluation, the activities of GLOK42 have been significantly hindered by working in countries with serious safety and security issues. In Afghanistan, improvised explosive devices resulted in UNODC offices closing down, which prevented UNODC staff from providing training, technical assistance and monitoring activities using traditional methods. In Bangladesh, an assessment mission had to be cancelled due to riots and protests in Dhaka, which made it difficult for partner NGOs to provide treatment services to children and adolescents. Since May 2021 safety and security issues have become even more challenging in Afghanistan. In 2021, during the evaluation, interviewees revealed a significant concern around the Programme, given the current instability in Afghanistan. In Liberia, over the period under review, the Programme was plagued with serious challenges in the face of the Ebola situation, as partner organisations halted activities in order to redirect their focus on the fight against the Ebola virus disease.

Besides a range of security challenges –ranging from the serious challenges in Afghanistan, Bangladesh, and Liberia above mentioned to security concerns in some local communities where services are being established – triangulation of data supports that, in addition, the three global programmes have experienced several common problems and challenges (each to a greater or lesser degree of difficulty) that have impacted on their effectiveness and hindered achievement of results:

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- Countries not having data systems that can identify and assess where prevention and treatment services are most needed, particularly in the case of drug use among children and adolescents as well as adults.
- Lack of knowledge and skills in the professional community to identify and address the needs of clients with drug use disorders at the national and local levels.
- Lack of participation from the international community, including government officials and authorities and policy makers who may be resistant to change and the adoption of a health approach rather than a criminal justice approach to people with drug use disorders.
- Changes of government authorities that can lead to delays in coordination and the identification of local service providers.
- Appointment of new focal points within ministries who are not familiar or in agreement with the programmes that can lead to a delay in planned activities.
- Lack of provision of continuous funding due to the varying and diverse funding basis for global programmes, delays in pledge letters from donors, and increased administrative time internal to UNODC procedures, that can lead to a lapse in treatment services.
- For global programmes working in over 80 countries, the varying and diverse funding basis, the yearly funding cycles, and the lack of continuous funding is problematic. For example, the initiation of new activities with limited resources in new project countries, especially if there is no UNODC or partner-UN agency office working on drug dependence treatment related issues and where the initial infrastructure costs are easily underestimated.
- Staffing numbers are low for the volume and potential expansion of work plus a lack of programme assistants in UNODC HQ to provide necessary administrative support. This may be related to overall changes in UNODC where administrative functions that were previously more concentrated in Finance and Human Resources are now more and more being delegated to the PTRS projects.
- Administrative challenges – notably, the shift in the United Nations towards the enterprise resource planning software Umoja. This has been challenging, as a number of vendors are distrustful of using technology or do not have access to necessary technology, resulting in less options when asking vendors to compete to provide services in support of UNODC activities.

While some of these problems and challenges may appear minor and are occasional, taken together they illustrate that the effectiveness of the programmes can be compromised. Challenges to effectiveness reported in interviews centred on tight implementation cycles based on regional or activity dictated funding sources, unstable funding, unmotivated field staff due to contract conditions and/or stressful working environments, and lack of coordination at the field level.

Several stakeholders commented that the main factor that helped effectiveness was the development and promotion of a holistic continuum of treatment and care for people with drug use disorders, as well as the continuing coordination between PTRS and partners, sharing challenges, methods, information and successes. This was enhanced by the technical competence, expertise and competence of PTRS staff, who were seen as knowledgeable, supportive, available, and approachable.

Another challenge to effectiveness has been the provision of two sets of training. Interviewees reported that the Colombo Plan UPT/UTC training requires a significant time commitment by professionals which, in many instances, is not feasible. In contrast, Treatnet training provided by UNODC was largely observed to be condensed and more feasible for professionals. Many stakeholders interviewed reported lack of effective follow up to the programmes delivered, particularly the training, due to lack of staff resources and funding and needs to be project specific. Interviewees also reported that, whilst training is an important first step, it cannot be left in isolation, and requires follow up, resourcing by government, training cascade, quality assurance, and clinical auditing of staff and facilities thereafter. Workplace learning and performance management and clinical audit is lacking, and warrants development in many countries where the three Global Programmes are present. Also, as there is little assessment of behaviour change of professionals, there is a

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risk of local interpretation and deviation from the Standards. A designed Mentoring and Champions programme to support training, knowledge exchange, sharing of information and lessons learned, and professional ownership of the Standards could offer a useful support mechanism to support effectiveness, sustainability and impact in the long term. As one stakeholder commented: *“having an ear on the ground is so important”*.

It was noted, however, that only about 37% of survey respondents were very or extremely satisfied with the use of monitoring results to inform strategic programme decisions. The majority, 45%, only occasionally participate in the design of monitoring systems, as well as in the collection of the data and dissemination of the results of PTRS programmes.

### SUMMARY – EFFECTIVENESS

Effectiveness of the three global programmes was strong in terms of achieving programme and project goals, outputs and outcomes. All outcome indicators were highly correlated in determining the overall effectiveness of the global programmes in terms of responding to the needs of the target countries and regions on drug use disorder treatment and care; the priorities of the target countries and regions on drug use disorder treatment and care; and the national development goals of the target countries and regions with the needs of the target countries and regions being the key indicator. This is despite having to overcome numerous challenges and difficulties, including serious challenges related to political instability/security (Afghanistan, Bangladesh) and to health security (COVID-19 pandemic, Ebola outbreak in Liberia). Other challenges and difficulties overcome are tight implementation cycles based on the regional or activity dictated funding sources, unstable funding, lack of professional skills and knowledge, lack of data monitoring, change in ministerial portfolios, unmotivated staff due to contract conditions and/or stressful working environments, administrative challenges (shift towards the enterprise resource planning software Umoja), and lack of coordination at the field level.

There is a lack of effective follow up to the programmes delivered, particularly the training. There is a need for further development of mentoring, quality assurance, workplace learning and performance management, and clinical audit mechanisms to ensure continued quality and professional learning.

## ORGANISATIONAL LEARNING

To what extent is there an existing footprint of evidence-based drug use disorder treatment programmes (GLOK32, GLOJ71, GLOK42) efforts undertaken by UNODC?

To what extent can programme strengths be further promoted and moved forward in line with the International Standards on Drug Use Prevention / Treatment of Drug Dependence?

To what extent were there programme weaknesses of GLOK32, GLOJ71 and GLOK42 and how can they be overcome in future programmes?

Triangulation of data supports that the footprint of the technical guidance produced by the programmes is centred on how the programmes developed guidance and tools that did not exist before, thus positioning UNODC as a (if not, in certain instances, **the**) leading agency in promoting drug treatment and care in line with scientific evidence, human rights and gender considerations. This goes, for example, for the Standards, which is one of the few documents that have been recognised by CND in numerous resolutions. Other important documents are: From Coercion to Cohesion and the later handbook on Alternatives, the guidelines on treatment during pregnancy (that were developed by WHO with funding from GLOK42), the psychosocial protocol for the treatment of children exposed to drugs at a very young age, the study protocols of SOS (the naloxone study), TreatNet Family, the quality assurance toolkit, and the handbook on rural drug prevention and treatment. Collectively these have made an original contribution to the capacity of the organization to provide technical assistance and to the world of treatment.

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The contribution of the three Global Programmes to organisational learning was further assessed by identifying the strengths and weaknesses of the programmes; how the Treatnet and the International Standards on Drug Use Prevention / for the Treatment of Drug Use Disorders evolved over this timeframe; and the intervention logic of UNODC's work on drug treatment and care. The assessment was conducted at the overall PTRS level, rather than at the programme level, and revealed detailed findings on:

- Sustained nature of UNODC's work on drug treatment and care over time (despite individual programme deadlines);
- Sensitiveness of drug dependence and treatment topics;
- Drug treatment to be understood as a continuum of care – i.e., covering the entire spectrum of policies and practices including harm reduction;
- Evolution over time of UNODC's work – which reflects in the recent change of denomination of GLOK32;
- Strong cultural differences affecting perceptions of drug users and the work of drug treatment and care;
- Critical importance of ethical considerations –i.e., Human Rights perspective.

Interview participants described the importance of collective learning in application of the standards and the programmes in different contexts, and the requirement for governments to assume ownership and oversight of programmes and facilities. Promotion of autonomy at the field office level was identified as a key facilitating factor in operationalisation of context specific programmes. Many observed the need for more staff at the field level to implement programmes.

COVID-19 restrictions and the shift toward remote working (including the provision of online training) enhanced efficiency and is indicative of the reduced importance of excessive travelling to the field. Many observed that the “new normal” of remote and web-based communication support could be used to further facilitate remote technical assistance going forward, particularly useful in resource limited situations, and when travel restrictions are in place. Others emphasised that they liked the ‘hands-on’ approach of the PTRS staff, and valued field visits as an opportunity for increased TA, visits with implementing partners and treatment facilities, and personal face-to-face meetings with policy makers and other government officials. COVID-19 has also contributed to the shifting dynamics of the global drug trade with limited movement between national border controls affecting cross-border drug trafficking and drug availability. In CAR for example, due to reduced supply of heroin, it was reported that some users moved to alcohol use and presented at treatment centres with alcohol-related problems.

Some stakeholders observed a discrepancy in working practices between WHO and UNODC, with the former slower and using a different approach to UNODC.

Interviews underscored that there continues to be significant need and potential for the PTRS to continue to work towards shifting perceptions and mindset of UNODC officials, counterparts, donors and beneficiaries that drug use disorders are chronic health disorders capable of treatment like other health disorders. There are identified opportunities to expand and further develop projects on access to controlled substances for medical purposes, with particular emphasis on the treatment of drug use disorders among at risk and vulnerable population groups, with a focus on populations in closed settings, as well as HIV prevention and treatment targeted at MTCT. This highlights potential avenues for pooling operational focus and resources based on the recognition of the inter-sectionality of HIV prevention and treatment **and** drug use prevention, treatment and care of drug use disorders.

## SUMMARY – ORGANISATIONAL LEARNING

There continues to be significant need and potential for the PTRS to continue to work towards shifting perceptions and mindset of UNODC officials, counterparts, donors and beneficiaries that drug use disorders are chronic health disorders capable of treatment like other health disorders. There are identified opportunities to expand and further develop projects on access to controlled substances for medical purposes with particular emphasis on the treatment of drug use disorders among at risk and vulnerable population groups, with a focus on populations in closed setting and HIV prevention and treatment for MTCT. This highlights potential avenues for pooling operational focus and resources based on the recognition of the inter-sectionality of HIV prevention and treatment **and** drug use prevention, treatment and care of drug use disorders.

Collective learning is important in application of the standards and the programmes in different contexts, and the requirement for governments to assume ownership and oversight of programmes and facilities. Promotion of autonomy in the field office was identified as a key facilitating factor in operationalisation of context specific programmes, along with more staff at the field level to implement programmes.

COVID-19 restrictions and the shift toward remote working (including the provision of online training) enhanced efficiency and is indicative of the reduced importance of excessive travelling to the field. Remote and web-based communication support could be used to further facilitate remote technical assistance going forward, particularly useful in resource limited situations, and when travel restrictions are in place. At the same time several of those interviewed valued the ‘hands-on’ approach of PTRS staff field visits that enhanced communication with CSO and key policy makers and enabled site visits to treatment services.

## IMPACT

To what extent are the programmes likely to achieve the anticipated impact/s?

To what extent are they likely to trigger any unintended impact/s?

To what extent did UNODC/PTRS work contribute to target countries developing or improving their drug use disorder treatment and care services, system and policies in line with evidence-based approaches?

To what extent have the global programmes under PTRS contributed to the work of UNODC?

To what extent have the programmes capacity building initiatives been adopted and further implemented by target countries?

Impact relating to the achievement of objectives leading to long-term benefits to beneficiaries focuses on institutional, policy and social transformations. As this is a cluster evaluation encompassing three Global Programmes, and given data, time, and budget constraints, it did not focus on impact relating to end beneficiaries like persons with substance use disorder benefitting in the long-term from treatment services. The evaluation assessed the extent to which such data are needed and are available, and whether UNODC programmes and/or other entities (for example the Research Branch) and/or governments should address data gaps.

Triangulation of qualitative data strongly supports that the impact on institutions related to policy change has been significant. Interviews and the SWOT analysis underscore that UNODC’s Global Programmes have contributed to numerous Member States’ moving from a criminal justice perspective to a health perspective. This is a paradigm shift that should not be underestimated. Feedback from interviews indicates that the support provided by PTRS, along with a range of partner organisations, has played a major role in this shift. Many stakeholders observed a strong impact in terms of stimulating a global shift away from criminalisation and incarceration of people who use drugs, to that of treatment and care of a chronic health condition model.

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Advocacy initiatives are likely to have led to several Member States adopting or adapting national policies based on the scientific evidence-based approach of the Standards. This has been the case in countries that were previously more disposed to dealing with people who use illicit drugs through the criminal justice system, rather than health and social care systems. Countries mentioned by stakeholders during interviews include Afghanistan, Indonesia, Pakistan and Nigeria. Examples include Pakistan for example, where through consistent advocacy, sensitisation and open discussion UNODC has made a significant contribution to a shift in government policy from treating drug use disorders as a criminal issue to a health issue (The National Anti-Narcotics Policy 2019, Ministry of Narcotics Control, Government of Pakistan). The new policy emphasises the need for improving affordable and accessible treatment, rehabilitation and reintegration services for persons with substance use disorder, particularly women and children, and to mandate federal and provincial ministries/departments of health to include drug related treatment in their policies and practices. In Nigeria, supported by UNODC's work on training for implementation of the quality assurance toolkit, new national clinical guidelines for working with people with drug use disorders based on the Standards will be piloted then adopted at policy level. In Cote d' Ivoire with UNODC advocacy the option of a therapeutic injunction is now included in its legal framework.

However, it is important to acknowledge that the 'paradigm shift' is typically a long, slow, complex and often challenging process, very few countries in the world have moved completely from a criminal justice to a health paradigm/response to people with drug use disorders. Different countries are at different stages on this continuum of change. While there are identifiable national policy changes, local and community policy and practice changes may be necessary before change filters up to government policy level.

As one respondent said ***“As a result of training by UNODC, professionals working with drug users in CAR have started to discuss evidence-based treatment, what it is and how it is based on the Standards. This creates a ripple in a pond, it takes time before change reaches government level”***

In Afghanistan for example, GLOK42 educated local and community leaders on human rights emphasising that child drug users should be treated as patients rather than criminals resulting in a positive impact on children's lives by improving their wellbeing and lessening depression. The psycho-social protocols for children developed by UNODC in Afghanistan are now applicable globally.

In several countries, as one respondent noted, ***“Training on QA from UNODC has good buy-in from government because it provides relatively fast and understandable treatment data”*** At another level the normative work of the Global Programme staff in servicing Member States in their work in governing bodies with TA is based on the scientific health-based paradigm contributes to change at country/regional level

With exception of the Treatnet Family feasibility study and the SOS at 6-month follow up, the long-term impact of training cascade and patient level data is not yet included. At the patient level, many stakeholders observed that there are not data available for monitoring progress and quantitatively assessing success in terms of patient outcome data. Interviewees noted that tangible impact of the Standards and the three global programmes at the individual/patient level will only be visible in years to come, when governments, programmes and facilities have fully adopted the Standards in their national strategies and action plans, policies and practices, facility operating standards and within their cascade of training. Without substantial reliable data on areas like client retention and relapse prevention rates, impact at this level cannot be assessed, and is not addressed in this evaluation. Drug detoxification data may be more accurate although this is only an initial step (after assessment) in the continuum of care for drug treatment and rehabilitation services.

Equally, the long-term impact of training cascade is not included. It is difficult to assess the long-term impact of training programmes, although a strength of the programmes has been the amount and quality of skills-based training they have provided in many countries. Indeed, around 78% of survey respondents agree or strongly agree that the three global programmes have contributed to increased technical expertise in drug use disorders and support for drug use disorder treatment and care.

However, while figures are provided showing numbers trained and the significant knowledge and skills gain among participants of training, without long-term outcome evaluations the full impact of training for the end

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beneficiaries is not known. For example, training participants can have intentions to implement new knowledge and skills but may be prevented from doing so due to factors such as lack of managerial support/supervision, lack of political will, security concerns or adequate funding/resources.

The new quality standards will play a strong role in supporting change and in ensuring clinical and professional standards are upheld. This will in many countries be dependent on legislative reforms to permit OST, support the pharmaceutical regulation and supply of methadone and buprenorphine and other harm reduction programmes, and on the fullest adoption of a public health and not security focused approach to dealing with drug use. As one stakeholder commented *“Quality Assurance is a game changer, it provides a base so that all treatment services can be viewed on the same platform.”*

The impact both direct and indirect of the work undertaken in GLOK42 (and GOK32 and GLOJ71) in Afghanistan cannot currently be measured due to the Taliban takeover of the country in August and provides a salutary lesson regarding development of drug treatment initiatives in unstable and pre/post conflict zones.

Programme reports were commented on by some interviewees in terms of the lack of impact indicators and did not reflect the significance of the work achieved. However, all outcome indicators were highly correlated in determining the overall impact of the PTRS programmes. About 80% of survey respondents were very or extremely satisfied with the contribution of the programmes to country’s policies on drug use disorder treatment and care services with drug disorder treatment and care services being the key indicator.

The PTRS were described as using media innovations well to convey their programmes and prevention/treatment messages. Many referred to the lack of integration and streamlining with complementary UNODC global projects (human trafficking, corruption, violent extremism, prison reform) to further extend the impact of the work undertaken by UNODC.

### SUMMARY – IMPACT

Moving from a criminal justice perspective to a health perspective is not a paradigm shift that should be underestimated and the three global programmes, along with a range of partner organisations and the support of the PTRS, have played a major role in this shift. The impact on institutions related to policy change has been significant. There is a substantial impact in terms of stimulating a global shift away from criminalisation and incarceration of people who use drugs, to that of a treatment and care of a chronic health condition model.

Advocacy initiatives are likely to have led to several Member States/countries adopting or adapting national policies based on the scientific evidence based WHO/UNODC International Standards for the Treatment of Drug Use Disorders (2020). This is particularly the case in countries more disposed to dealing with people who use illicit drugs through the criminal justice system rather than health and social care systems.

Programme reports indicate a lack of impact indicators and did not reflect the significance of the work achieved. The long-term impact of training cascade is not included. The data is not there in terms of measuring for success in terms of patient outcome data. Impact of the standards and the three global programmes will only be visible in many years to come, when governments, programmes and facilities have fully adopted the standards in their national strategies and action plans, policies and practices, facility operating standards and within their cascade of training. Without substantial reliable data on areas like client retention and relapse prevention rates, impact at this level is difficult to assess and is not part of this cluster evaluation. The new quality standards will play a strong role in supporting change and in ensuring clinical and professional standards are upheld.

## SUSTAINABILITY

To what extent have the programmes generated ownership of their goals at the national level that contribute to a science-based approach for treatment of drug use disorders?

What factors have hindered this ownership?

What factors have facilitated this ownership?

To what extent has there been ongoing donor interest in supporting GLOK32, GLOJ71 and GLOK42? What factors have hindered or facilitated donor interest?

To what extent has the work of the programmes influenced capacity development of national counterparts and sustainability of such interventions

To what extent has COVID-19 impacted on these programmes?

With regard to sustainability of UNODC's work on drug treatment as a whole, the desk review indicates that, according to the World Drug Report 2020, there has been a continuing and substantial increase in the number of drug users and people with drug use disorders over the past decade. Interviews and SWOT analysis revealed that this is likely to impact on the work of the three Global Programmes, thus increasing their potential workload in the provision of evidence-based treatment services for the foreseeable future.

Triangulation of data supports that the global programmes provide a strong platform to continue and expand existing drug use disorder treatment and care activities under the WHO-UNODC Standards. 70% of survey respondents believe that the three Global Programmes are building institutional capacity to integrate programming into established national systems. Yet, only one third of survey respondents agree or strongly agree that the enabling environment to support drug use disorder treatment interventions is likely to continue when UNODC funding stops. Furthermore, resources for health and social services in relation to drug treatment are likely to be diverted due to the consequences/impact of the global COVID-19 pandemic –i.e., in low- and middle-income countries.

The UNODC Strategy for 2021-2025 states that flexible and wide-ranging partnerships are critical to ensure continuation of assistance to counter the social and health effects of drugs and that interventions should pay special attention to human rights, protection of children, Gender Equality and Empowerment of Women (GEEW) and youth. Between them, the three global programmes are already well placed to continue their activities in these areas.

The funding cycle is yearly, making it difficult to plan from one year to the next. There is a need for more regular, predictable funding over a minimum of one calendar year to allow for the proper planning and extension of programme activities thus ensuring that inefficiencies caused by short-term, irregular funding can be minimized. Many stakeholders interviewed described the need for a longer-term vision, not a short-term plan, along with mechanisms to support longer programmes of work, not limited to one or few sources of funding with a particular thematic focus. Funding raising needs to be further included and prioritised in programmes of work. It was noted during desk review that workplans for 2020, 2021 and 2022 totalling over US\$4,000,000 remained unfunded.

Interviewees stressed that UNODC's work on drug use disorder treatment and care needs to be further prioritized, and that low prioritization and limited funding contributed to missed opportunities. Some interviewees pointed towards the need for increasing the representation level of the health branch, so as to make it more substantive within UNODC. At the strategic level, in order to ensure the sustainability and development of PTRS's work, interviewees stressed the opportunities for strengthening collaboration and integration with the HIV/AIDS section, in terms of combining expertise in drug treatment and excellence in civil society engagement. Interviewees also commented that UNODC's work on drug, treatment and care could be integrated not only with the HIV section, but also with other thematic areas such as (, Criminal Justice, Corruption, Trafficking), so as to leverage the human aspect of addressing drug use and drug use

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disorders, particularly the health aspect. The complementary mandate of UNODC and WHO offers a pathway toward joint strength and funding, via common budgets, publications and administrative arrangements.

Donor interest and ability to continue funding for drug demand reduction initiatives in such countries may be reduced as funding is prioritised for their own national post-pandemic needs. Efforts are warranted to make sure also given the COVID-19 pandemic draws on resources, that it remains on donor and international development agendas. Some interviewees described the requirement for political willingness of government to take ownership of programmes on completion by UNODC, to translate the Standards into national policies, and to continue to support local professionals, and operate programmes and standards. Only about 18% of survey respondents believe that the political will from Member States is very or extremely strong enough to follow-through with financial support once UNODC funding stops.

Some stakeholders observed the threats to sustainability of programme gains whereby cuts to the health sector due to COVID-19, and/or the repurposing of drug treatment facilities for COVID-19 quarantine facilities and redeployment of staff occurred. Further, it may be possible that there is instead a clear trade-off in health care systems between resources being channelled towards drug treatment and resources being channelled towards countering the COVID-19 pandemic. This is observed by stakeholders as a threat to sustainability and related gains. Even with continued funding, programmes may find other pandemic-related problems impact on implementation of existing activities. In 2015, for example, GLOK42 had the experience of having to delay protocols to implement outreach, outpatient and residential services for children, adolescents and their families in Liberia. Priority/funding in the country was given to dealing with the Ebola crisis so that identifying and training programme staff could not be carried out until the situation carried less risk. Healthcare staff working in drug treatment services also had to divert from their programme activities to help with the Ebola crisis.

Interviewees reported that continued programme activities in Afghanistan are under serious jeopardy due to the security situation. This programme, in contrast to the other two global programmes, was observed by some stakeholders as less developed in terms of geographic scope, and in terms of its focus on children. At the time of writing, following scheduled withdrawal of all NATO and US forces, the Taliban has taken over the country. This is likely to adversely affect the ability of programmes working in the country to continue with their anticipated activities.

Sustainability of training could be further leveraged via organisations such as ISSUP and their regional chapters, and the development of regional Drug Treatment Advisors. There needs to be a mechanism for joint programme formulation and implementation with regional intergovernmental agencies, potentially supported by staff and consultant secondment to support joint training activities, publications and capacity building.

Offering governments cost benefit analysis is a way of showcasing effectiveness and encouraging a sustainable integrated approach. Some observed that key components of flexibility, adaptability and sustainability are reliant on the absorption of the programmes by national counterparts. Whilst the PTRS use media innovations such as cartoons and infographics well to convey their programmes and prevention/treatment messages, their social media and tailored/targeted messages around the success of the programmes are not leveraged sufficiently and could offer a pathway toward greater investment by donors, and greater reach in terms of sensitising policy makers.

Wrap around services warrant follow up in supporting Member State adoption of the Standards which are comprehensive and holistic. Monitoring as mentioned in the previous Impact section should ensure to continue to or further develop the tracking of patient outcomes, number of services, gaps in services, range and quality of services, and continuity of care.

## SUMMARY – SUSTAINABILITY

There is a need for more regular, predictable funding over a minimum of one calendar year to allow for the proper planning and extension of programme activities thus ensuring that inefficiencies caused by short-term, irregular funding can be minimized. Many stakeholders interviewed described the need for a longer-term vision not a short-term plan, along with mechanisms to support longer programmes of work, not limited to one or few sources of funding with a particular thematic focus.

Funding raising needs to be further included and prioritised in programmes of work. Donor interest and ability to continue funding for drug demand reduction initiatives may be reduced as funding is prioritised for their own national post-pandemic needs. Efforts are warranted to make sure it remains on donor and international development agendas.

Political willingness for government to take ownership of programmes on completion by UNODC, to translate the standards into national policies, and to continue to support local professionals, and operate programmes and standards is required. Sustainability of training could be further leveraged via organisations such as ISSUP and their regional chapters, and the development of regional Drug Treatment advisors.

The work of PTRS needs to be positioned and integrated not only into the HIV section but also into other thematic areas (HIV/AIDS, Criminal Justice, Corruption, Trafficking). Sustainability of UNODC's work on drug treatment and care could be increased by strengthening collaboration and integration between PTRS and the HIV/AIDS section. This would allow further leveraging of the human aspect of drug use, particularly the health aspect, by combining expertise in drug treatment, as well as excellence in civil society engagement. The complimentary mandate of UNODC and WHO also offers a pathway toward joint strength and funding, via common budgets, publications and administrative arrangements.

## HUMAN RIGHTS, GENDER EQUALITY AND LEAVE NO ONE BEHIND

### EVALUATION QUESTIONS:

To what extent are human rights considerations in particular the gender mainstreaming and promotion of human rights, included in the design and implementation of the programmes (for example the integration of principles of equality and non-discrimination; participation and the inclusion of disadvantaged/marginalised groups; and state accountability for human rights obligations)?

What resources are available to integrate human rights considerations into the programmes and how have they been utilised?

To what extent are considerations of gender equality included in the design and implementation of the programmes?

To what extent have the programmes mainstreamed aspects related with the dignity of individuals, i.e. those of under-represented and vulnerable groups and those with disabilities?

To what extent were new identified groups of most vulnerable people who use drugs or are at risk of using drugs included in the programmes?

## HUMAN RIGHTS

Desk review and interviews with stakeholders support that the implementation of the global programmes on drug treatment promotes evidence-based practices (as summarized in the International Standards published together by WHO and UNODC). Programme implementation follows the principles of the right to health and

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of *do* not harm in all activities, as well as practice that is based on the dignity of people who use drugs and their Human Rights.

An early meeting of the Informal Scientific Network (ISN) established in 2014 and jointly implemented by UNODC and WHO met to define ‘treatment’, a challenging task. The decision was made to look at what treatment should *do* rather than what it *is*. Four criteria emerged: reduce symptoms; prevent complications; improve mental/physical functioning; and respect individual human rights. Human rights have been both integral and central in the development of both the global programmes and the Standards.

Interviews with stakeholders observed how human rights permeate through the programmes. Many interviewees consider that human rights can never be promoted enough, often in countries which require a shift in policy and reform. Illicit and non-medical drug use continues to be stigmatised and should not be treated any differently to any other chronic health condition, and efforts are warranted to prevent drug dependence being side-lined in many Member States. The ultimate objective is to improve quality and coverage of services to support people with drug use disorders. In this sense, human rights focus on the right to health, right to healthcare access, right to dignity and respect, and humane treatment. Some interviewees highlighted the need for a monitoring indicator for human rights, for example within the Umoja project monitoring tool.

In line with UNODC publications, position papers and international political declarations, UNODC promotes voluntary treatment of drug use disorders with informed consent, and has called for an end of punishing, cruel or degrading treatment that is often implemented in the name of “treatment”. To do so, the global programmes have been building the capacity of policy makers and service providers for evidence-based, voluntary community-based treatment, as well as treatment as an alternative to conviction or punishment for people who use drugs and people with drug use disorders in contact with the criminal justice system (in cases of a minor nature).

As an example, the Global Programmes supported the development of CBTx in Lao PDR and in Afghanistan. In 2020 alone, a total of 4,430 visits were conducted by patients and parents at 28 CBTx centers, receiving UNODC technical assistance in Lao PDR. In Afghanistan, where in-patient treatment has been the prevailing intervention, UNODC contributed towards the development of a new drug demand reduction policy and community-based drug treatment strategy, in line with the Standards. As an example, in 2020, as part of this effort, 52 professionals enhanced their knowledge in three (3) respective cascade trainings and recognized the importance of recovery-oriented interventions. However, while these evidence-based policies and practices were being implemented through the Ministry of Public Health and NGOs, in 2016 the then Afghan parliament decreed that Kabul’s many street drug users should be removed from the streets and provided with treatment. Police were requested to collect and take them to a 1,000-bed treatment centre, the old, converted US Camp Phoenix, for most on an involuntary basis without any prior assessment or motivational intervention and provide them with a 45-day residential treatment programme with no follow up or aftercare.

UNODC has also continued to disseminate the initiative on treatment of drug use disorders for people in contact with the criminal justice system. Alternatives to conviction or punishment were disseminated to support UN Member States in their efforts to consider, review and implement treatment as an alternative to conviction or punishment, in line with the International Drug Control Conventions and other relevant international instruments.

Some interviewees commented on how people who use drugs and former users need to be more integrated into consultations during programme development, moving beyond the involvement of rights based civil society organisations. Understanding the lived experience of that person in that country context is crucial to field level operationalisation. Whilst incorporating this aspect could reduce the disconnect between HQ and field offices when rolling out global programmes, it may not be easy to achieve due to structural difficulties at organisational levels.

## GENDER EQUALITY

Triangulation of data strongly supports that the global programmes adjust their activities to the local socio-economic and cultural situation to ensure that girls and women are reached. For example, the global programme on children exposed to drugs at a very young age (GLOK42) trains the workforce to provide substance use treatment services to adolescent girls via a community or out-patient model that is more sustainable than residential services, where the family is likely to either remove the young woman or the adolescent female leaves to marry. Additionally, the global programme activities that were implemented via drug treatment centres focused on women, as the needs of the family in Afghanistan often falls on women and providing skills and support to women and children occurs in the same settings.

The global programmes on drug treatment and care (GLOK32, GLOK42 and GLOJ71) have developed guidance on how to mainstream gender considerations with regard to these strategies in numerous publications that are available online since 2014: WHO Guidelines on management of substance use disorders in pregnant women (2014), UNODC Guidelines on drug prevention and treatment for girls and women (2016) and, in 2020, the WHO/UNODC International Standards for the Treatment of Drug Use Disorders.

Gender equality and equal participation is also encouraged through UNODC's global programmes at global, regional and national level. For example, out of the 162 professionals trained in Central Asia in Q4 2020, 53% were female, and in all project activities an extra effort is made to ensure the meaningful participation of women. Some stakeholders observed that whilst all efforts were made to ensure gender parity, in some country contexts, there was a lack of trained female staff, and where such female professionals were identified, training was conducted in female only groups due to religious norms.

## LEAVE NO ONE BEHIND

Whilst cognisant of the need for a cross cutting approach, interviews reveal the need to continue to focus further efforts on the health rights and right to access health services for all, in parity with other patients/clients with chronic conditions – notably on the identified additional unique vulnerable groups of people who use drugs such as the homeless, those living in rural areas, those with co-morbid mental health conditions or physical disabilities, those sourcing drugs on the Darknet, indigenous groups, the displaced and the elderly. About 57% of people agree or strongly agree that the PTRS programmes considered inclusion of marginalized groups, including disabled people in the design and implementation of the programmes.

In resource poor settings, some interviews revealed that treatment staff were neither trained or felt able to cope with mentally and physically challenged drug users and marginalised groups, who presented with many other needs apart from treatment.

Some interviews observed how people who use drugs were additionally isolated, stigmatised and left behind in the COVID-19 pandemic, particularly when facilities closed/access to services were interrupted. Continual emerging issues advised during interview included the emergence of NPS, stimulant injecting and blood borne virus transmission, opioid and fentanyl use and overdose prevention. Human rights in terms of access to and availability of essential and controlled medicines is also crucial, and not the case in poorer countries. Additional aspects regarding the standards centred on the need to invest in evidence-based standards around the use and treatment of NPS, particularly for the amphetamine type stimulant use disorders. Another gap is the treatment of dual disorders. Further investment in evidence generating research is warranted.

Continued efforts are warranted globally to support women, girls and children, prisoners and sexual minorities. Prisons are particularly left behind globally in the provision of appropriate evidence-based drug disorder treatment and care. About 64% of people agree or strongly agree that the PTRS programmes are addressing child rights in the design and implementation of the programmes.

## **SUMMARY – HUMAN RIGHTS, GENDER EQUALITY AND LEAVE NO ONE BEHIND**

The implementation of the global programmes on drug use prevention and drug dependence treatment and care promotes practice that has been shown to be effective by scientific evidence (as summarized in the International Standards published together by WHO and UNODC). Programme implementation follows the principles of the right to health and of do no harm in all activities, as well as practice that is based on the dignity of people who use drugs and their human rights.

In line with UNODC publications, position papers and international political declarations, UNODC promotes voluntary treatment of drug use disorders with informed consent, and has called for an end of punishing, cruel or degrading treatment that is often implemented in the name of “treatment”.

Illicit and non-medical drug use continues to be stigmatised and should not be treated any differently to any other chronic health condition, and efforts are warranted to prevent drug dependence being side-lined in many Member States. The ultimate objective is to improve quality and coverage of services to support people with drug use disorders. In this sense, human rights focus on the right to health, right to healthcare access, right to dignity and respect, and humane treatment. Some interviewees highlighted the need for a monitoring indicator for human rights, for example within the Umoja project monitoring tool.

The global programmes have adequately mainstreamed gender equality into their programmes, in terms of equal and meaningful participation of women in programme activities, as well as in the development of guidance documents tailored to the needs of women and girls.

Whilst cognisant of the need for a cross cutting approach, in line with the Leave No One Behind principle, the Global Programmes identified vulnerable groups of people who use drugs –included the homeless, those living in rural areas or closed settings, those with co-morbid mental health conditions or physical disabilities, those sourcing drugs on the Darknet, indigenous groups, the displaced and the elderly. People who use drugs were additionally isolated, stigmatised and left behind in the COVID-19 pandemic, particularly when facilities closed/access to services were interrupted. Additional aspects regarding the Standards centred on the need to invest in evidence-based standards around the use and treatment of NPS, particularly for the amphetamine type stimulant use disorders, and treatment of dual disorders. Further investment in evidence generating research is warranted.

### III. CONCLUSIONS

The achievements of the three global programmes evaluated, which represent the backbone of UNODC's work on drug treatment and care, are impressive as they have consistently promoted and advocated for a scientific evidence-based health centred approach to the treatment and care of drug use disorders, with the needs of people who are drug dependent at its core. Whilst the programmes were aligned with the thematic programme on health, there was a lack of a clear, explicit strategy underpinning the three global programmes, individually as well as a collective. They were however bound by a common goal of globally promoting an evidence-based health-centred approach to drug treatment and care based on the WHO/UNODC Standards. Their evolution and relevance are strongly substantiated by an increasing global concern to find and agree upon a scientifically based set of methods for treating drug use disorders, particularly drug dependency, injection drug use and those drug users at risk of HIV and other blood borne diseases.

Actions were strongly designed to ensure cohesive messaging by the PTRS Section in alignment with the WHO/UNODC International Standards for the Treatment of Drug Disorders (2020) and prior documents from which the Standards have evolved. Programmes have been effective in supporting the development of a health response to problem drug use rather than one based on the criminal justice system, and the advocacy for evidence-based treatment and care rather than punishment and sanctions as a response to people who use illicit drugs. Activities (to a greater or lesser extent) are focused on advocacy, networking, coordination and the development of necessary partnerships, policies, protocols, strategies and projects in cooperation with selected Member States, plus capacity building consisting of comprehensive cascade training programmes, provision of technical tools, and technical assistance and development of a wide range of drug treatment services and procedures based on the 2020 WHO/UNODC Standards and drug treatment-related assessment, data collection and technical tools such as quality assurance.

The three global programmes yield a strong impact in terms of stimulating a global shift away from criminalisation and incarceration of people who use drugs to that of a treatment and care of a chronic health condition model. There continues to be significant need and potential for the PTRS to continue to work towards shifting perceptions and mindset of UNODC officials, counterparts, donors and beneficiaries that drug use disorders are chronic health disorders capable of treatment like other health disorders. The impact on institutions related to policy change has been significant. An issue raised by several stakeholders is the risk that policymakers and practitioners may use a disease model rather than a chronic health disorder model, as poorly trained or misinformed medical staff, particularly doctors, can perceive that a drug user can be 'cured'. This can lead to a focus on the provision of detoxification and medical services at the expense of other necessary treatment and care services, for example motivational counselling, relapse prevention, rehabilitation, aftercare and social reintegration.

There is still no global standard definition of problem drug use. The concept/terminology of "harm reduction" is not acceptable to all Member States, although interventions to prevent the health and social consequences of drug use have been recognised by all Member States. Further work is required for sustainable integration of harm reduction itself within the psycho-social and public health response to drug use, and within the continuum of care at the global level.

Programmes have been globally engaged since inception and have based their activities on strong networking to form partnerships with a wide range of organisations and institutions. The importance of multi-disciplinary and inter-ministerial partnerships and collaborations to support operationalisation of programmes and advocating for the standards is clear. Benefits of collaborative working included indirect networking and collaboration between individuals, agencies and governments, and the promotion of the UNODC mandates.

Communication between UNODC sections, senior management and decision makers within UNODC could be improved, and there was limited awareness of the programmes at the higher UNODC levels around their global reach and impact. For example, there is potential for greater synergies between prevention of drug use, and prevention and treatment of HIV across programmes and activities. Whilst the NGOs advocating on behalf of people who use drugs was part of the process, this could be further improved, and particularly by

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including ex-user lived experiences when designing programmes, and when culturally adapting them to certain countries and contexts. This was also viewed as crucial to capacity building of an inclusive approach at country, regional and global levels. A mechanism for inter-agency joint programme formulation and implementation with continental agencies, potentially supported by staff and consultant secondment to support joint training activities, publications and capacity building would counter this issue.

The objectives and outcomes of the global programmes have largely been achieved despite having to overcome several challenges and difficulties pertaining to reliance on a few donors with specific agendas, lack of data systems, inadequate professional knowledge and skills, resistance to the adoption of a health led approach contra the criminal justice approach to dealing with people with drug use disorders in certain countries, changes in government and ministries, lack of adequate staff, lack of continuous funding, country level security concerns and disease outbreaks, and the use of Umoja for procurement. Challenges to effectiveness centre on tight implementation cycles based on the regional or activity dictated funding sources, unstable funding, unmotivated staff due to contract conditions and/or stressful working environments, and lack of coordination at the field level. Solutions were observed to include a ranking of implementation according to priority need of the region/country context.

The reliance on a small number of donors has stifled the evolution, creativity and response to need due to the consequent strongly donor driven approach to programming, and in some instances has resulted in a piecemeal ad hoc and unsustainable approach. There is a strong need to leverage and attract multiple funders to move beyond the reliance on one or few large donors who come with a particular focus/ethos and are too demanding with little scope for flexibility, leading to a mismatch and short scale funding projects, often not in response to country level need. At the same time, many interviews stressed that PTRS staff were flexible, knowledgeable and supportive regarding field implementation of projects in specific settings. The collaboration between UNODC and WHO is ground-breaking and important, with the complimentary mandate of UNODC and WHO offering a pathway toward joint strength and funding, via common budgets, publication and administrative arrangements.

Continued programme activities in Afghanistan, the least developed of the three global programmes in terms of geographic scope, and in terms of its focus on children, are under serious jeopardy due to the current security situation.

There are potential avenues for pooling operational focus and resources based on the recognition of the inter-sectionality of HIV prevention and treatment *and* drug use prevention and treatment of drug use disorders. One strong health section encompassing HIV and PTRS would combine expertise in drug treatment, but also excellence in civil society engagement. The programmes can further integrate and streamline with complementary UNODC global projects and thematic areas (HIV/AIDS, Criminal Justice, Anti-Corruption, Human Trafficking, Violent Extremism, Counterfeit Medicines, Prison Reform).

Regional programmes were observed to be very important in providing a platform, maintaining profile and visibility of programmes, as well as showcasing standards and programmes to regional and continental organisations and governments. UNODC HQ and regional offices could do more in terms of active relationship building at the regional levels, in order to leverage the personal relationship following formal introduction in supporting achievement of the programme goals. The development of a UNODC regional Drug Treatment' Advisor could further support the further roll out of programmes and the development of regional training hubs. There is a need for more staff at the field level to implement programmes.

The global programmes provide a strong platform to continue and expand existing drug use prevention, treatment and care activities under the WHO-UNODC Standards which are holistic, evidence based and comprehensive. There is a need to further invest in evidence generating research to provide evidence-based standards around the use and treatment of substance use disorders involving NPS, particularly for amphetamine type stimulant use disorders, and treatment of dual disorders.

The provision of two sets of training: the Colombo Plan UPT/UTC training was observed to require a significant time commitment by the professional (in many instances not feasible) in contrast to the training provided by UNODC Treatnet which were largely observed to be condensed and more feasible for professionals. Training,

## Independent Mid-term In-depth Cluster Evaluation of UNODC Work on Drug Dependence and Treatment (Global Programmes GLOJ71, GLOK32, and GLOK42)

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whilst effective in terms of professional awareness raising around the standards, cannot be left in isolation and requires effective follow up, resourcing by government, training cascade, quality assurance and clinical auditing of staff and facilities thereafter. There is a risk of local interpretation and deviation from the standards. The assessment of behaviour change of professionals is generally lacking. Workplace learning and performance management, and clinical audit is lacking and warrants development in many countries touched by the three programmes. A designed Mentoring and Champions programme to support training, knowledge exchange, sharing of information and lessons learnt, and professional ownership of the standards could offer a useful support mechanism to support effectiveness, sustainability and impact in the long term. Sustainability of training could be further leveraged via organisations such as ISSUP and their regional chapters.

Remote and web-based communication support could be used to further facilitate remote technical assistance going forward, particularly useful in resource limited situations, and when travel restrictions are in place. Programme reports indicate a lack of impact indicators and did not reflect the significance of the work achieved. The data is not there in terms of measuring for success in terms of patient outcome data. Impact of the standards and the three global programmes will only be visible in years to come, when governments, programmes and facilities have fully adopted the standards in their national strategies and action plans, policies and practices, facility operating standards and within their cascade of training. Without substantial reliable data on areas like client retention and relapse prevention rates, impact at this level is difficult to assess and is not part of this cluster evaluation. The new quality standards will play a strong role in supporting change and in ensuring clinical and professional standards are upheld. Monitoring of progress should include the tracking of patient outcomes, number of services, gaps in services, range and quality of services, continuity of care).

Threats to sustainability of programme gains include insufficient human resources to fully optimise on projects both at the field and HQ levels, and currently where cuts to the health sector have occurred due to COVID-19, and/or the repurposing of drug treatment facilities for COVID-19 quarantine facilities and redeployment of staff occurred. Programmes have been and continue to be reliant on political willingness for government to take ownership of programmes on completion by UNODC, to translate the standards into national policies, and to continue to fund and support local professionals, and operate programmes and standards. Understanding the lived experience of the person who uses drugs in a particular country context is crucial to field level operationalisation. Incorporating this will reduce the disconnect between HQ and field offices when rolling out global programmes.

Illicit and non-medical drug use continues to be stigmatised and should not be treated any differently from any other chronic health condition, and efforts are warranted to prevent drug dependence being side-lined in many Member States. The ultimate objective is to improve quality and coverage of services to support people with drug use disorders. In line with UNODC publications, position papers and international political declarations, UNODC promotes voluntary treatment of drug use disorders with informed consent and has called for an end of punishing, cruel or degrading treatment that is often implemented in the name of 'treatment'. Human Rights and Gender Equality are mainstreamed within the design and the implementation of the three global programmes following the principles of the right to health and of 'do no harm' in all activities, as well as practice that is based on the dignity of people who use drugs and their human rights. Human rights in this sense centre on right to health, right to healthcare access, right to dignity and respect, and humane treatment. There is a need for a monitoring indicator for human rights, for example within the Umoja project monitoring tool.

Whilst cognisant of the need for a cross cutting approach and *leaving no-one behind*, identified vulnerable groups of drug users included the homeless, those living in rural areas, those with co-morbid mental health conditions or physical disabilities, those sourcing drugs on the Darknet, indigenous groups, the displaced and the elderly. People who use drugs were additionally isolated, stigmatised and left behind in the COVID-19 pandemic, particularly when facilities closed/access to services were interrupted.

## IV. RECOMMENDATIONS

### RECOMMENDATION 1 – INCREASE STRATEGIC FOCUS FOR FURTHER PROGRAMME DEVELOPMENT

- It is recommended that the Chief of PTRS and managers of UNODC global programmes on drug treatment and care continue to advocate for a health response to tackle problem drug use, and lobby for sustainable integration of harm reduction in line with policy mandates given by CND and UNGA within the psycho-social and public health response to drug use disorders, and within the continuum of treatment and care at the global level based on the International Standards. In order to increase the strategic focus and effectiveness of further programme development on drug dependency, treatment, and care, the Chief of PTRS and managers of global programmes should continue to further prioritise activities, based on the context and needs of each region/country.

### RECOMMENDATION 2 –STRENGTHEN COLLABORATION BETWEEN PTRS, THE HIV/AIDS SECTION, AND OTHER SECTIONS/THEMATIC AREAS

- It is recommended that UNODC Senior Management and the Chief of PTRS continue to explore options for enhanced integration of drug use disorder treatment and care and HIV/AIDS prevention and care, based on the recognition of the inter-sectionality of drug use prevention and treatment of drug use disorders and HIV prevention and treatment. The Chief of PTRS should also seek opportunities for further collaboration with complementary UNODC global projects and thematic areas (HIV/AIDS, Criminal Justice, Anti-Corruption, Human Trafficking, Violent Extremism, Counterfeit Medicines, Prison Reform).

### RECOMMENDATION 3 –FURTHER DEVELOP STRATEGIC PARTNERSHIPS AND COOPERATION AT THE REGIONAL LEVEL

- It is recommended that the Chief of PTRS and managers of UNODC global programmes on drug treatment and care continue to invest in and develop a range of partnerships and collaborations to support programme design and implementation at the regional and national levels. It is recommended that PTRS explores the possibility for the development of UNODC Regional Drug Treatment Advisors who could support programming.

### RECOMMENDATION 4 – STRENGTHEN COLLABORATION WITH WHO

- It is recommended that the Chief of PTRS and managers of UNODC global programmes on drug treatment and care further strengthen collaboration with the World Health Organisation, i.e. by exploring the possibility of strengthening a mechanism for joint fund raising, and continued joint programme formulation and implementation with WHO, with Member State agencies and NGOs, to support joint training activities, publications and capacity building.

### RECOMMENDATION 5 – INCREASE PRESENCE IN THE FIELD, INCLUDING INCREASED USE OF TECHNOLOGICAL SOLUTIONS

- It is recommended that Chief of PTRS, and managers of UNODC global programmes on drug treatment and care, supported by Senior Management, continue to seek solutions (according to priority need of the region/country context) in order to provide for sufficient staff at field office levels and in headquarters, as well as to prevent/mitigate staff turnover – including increased use of technological solutions like remote working and technology assisted training.

## RECOMMENDATION 6 – INCREASE APPROPRIATENESS AND SUSTAINABILITY OF TRAINING

- It is recommended that managers and teams of UNODC global programmes on drug treatment and care continue to take action to increase the appropriateness and sustainability of training, by consulting with those with lived experience of drug use disorders, and by continuing to collaborate with organisations such as ISSUP and other VNGOC/ECOSOC status NGOs and their regional chapters.
- It is recommended that the Chief of PTRS seeks opportunities to develop a designed Mentoring and Champions programme to support training, knowledge exchange, sharing of information and lessons learned, as well as professional ownership of the Standards in the long term.

## RECOMMENDATION 7 – MONITORING OF PROGRESS AND IMPACT

- It is recommended that managers and teams of UNODC global programmes on drug treatment and care improve the results-based management (RBM) focus of their respective programmes, in line with UNODC’s guidance on RBM. Global programmes on drug treatment and care where feasible should develop impact indicators and further develop existing mentoring, quality assurance, workplace learning and performance management, and clinical audit mechanisms to ensure results monitoring, continued quality enhancement, and professional learning.

## RECOMMENDATION 8 – HUMAN RIGHTS

- It is recommended that managers and teams of UNODC global programmes on drug treatment and care incorporate 1-2 monitoring indicators for Human Rights, in line with UNODC’s guidance on RBM, for example within the Umoja project monitoring tool.

## RECOMMENDATION 9 –GENDER EQUALITY

- It is recommended that managers and teams of UNODC global programmes on drug treatment and care further develop training and support work on women and girls; and to take action to further develop female professional capacity and expertise through training, mentoring, support and appropriate field placements.

## RECOMMENDATION 10 – LEAVE NO ONE BEHIND

- It is recommended that managers and teams of UNODC global programmes on drug treatment and care further develop strategies, activities, and technical guidance for reaching (using innovations) and supporting identified key groups – particularly the homeless, those living in rural areas or closed settings, those with co-morbid mental health conditions or physical disabilities, those sourcing drugs on the Darknet, indigenous groups, the displaced and the elderly.
- It is recommended that the Chief of PTRS and managers of UNODC global programmes on drug treatment and care further encourage and support investment in academic research on NPS, the treatment of amphetamine type stimulant (ATS) use disorders and the broad field of treatment of dual disorders, where possible integrating research activities into field-based treatment programmes.

# V. LESSONS LEARNED AND BEST PRACTICES

## LESSONS LEARNED

### EVALUATION QUESTIONS:

What lessons and good practices emerged from the implementation of the programmes?

What lessons and good practices could inform improvements in the design, implementation, and/or achievement of results by the programmes, or similar programmes/projects?

Lessons learned regarding the global programmes centre on the strength and importance of both the mutual understanding and support of core staff in the UNODC-WHO collaboration and the broad support by government, civil society, NGOs and donors. There was collective learning in the application of the Standards and implementation of programmes in different contexts, and in the requirement for governments to assume ownership and oversight of programmes and facilities. Promotion of autonomy in the field office was identified as a key facilitating factor in operationalisation of context specific programmes. Lessons learned during the COVID-19 restrictions, and the shift toward remote working (including the provision of online training), indicates that efficiency was enhanced. While field visits are still valued as an opportunity for increased technical assistance, site visits with implementing partners and treatment facilities, and personal face-to-face meetings with policy makers; this is indicative of the importance of avoiding excessive travelling to the field.

In any setting, but particularly in low and middle-income countries, it is important to emphasise the need for a continuum of treatment and care for people with drug use disorders based on a biopsychosocial health approach. Such an approach should incorporate community based low threshold services, such as screening, assessment and basic health, social and medical care. There is also a need to culturally adapt the International Standards to existing health and political structures and cultural norms and values, to avoid resistance to new ideas and methods of working and minimise the risk of governments reverting to non-health based punitive approaches to people with drug use disorders.

Another lesson learned is the need for a continuing comprehensive approach, where activities are based on strong networking and partnership building. Establishing and developing partnerships with a wide range of organisations and institutions offers an opportunity to benefit from synergies needed for reaching the level of advocacy required for promoting and disseminating the Standards, particularly at the nexus where governments take over responsibility for treatment and care services from the NGO sector.

There is a need for continuing the strength of a credible combined UNODC-WHO approach centred on science as a leveraging tool that sets evidence-based standards for advocacy with policy makers and capacity building for government officials and treatment professionals to help and support Member States to take responsibility and ownership of comprehensive treatment programmes for people with drug use disorders. With a critical mass of professionals and policy makers trained, certificated and aware of the need for a health-based approach to persons with substance use disorder, there is optimum opportunity for a tipping point to be reached where there will be global consensus on the International Standards and their implementation.

## BEST PRACTICES

Good practice innovations are exemplified by the new tools that have been developed and piloted by the programmes, which did not exist before, particularly the psychosocial protocol of GLOK42, the SOS study that has demonstrated that take home naloxone is feasible in low- and middle-income countries and Treatnet Family, a package of elements of family therapy tailored to the needs of low- and middle-income countries that would have found traditional models of family therapy too onerous.

## Independent Mid-term In-depth Cluster Evaluation of UNODC Work on Drug Dependence and Treatment (Global Programmes GLOJ71, GLOK32, and GLOK42)

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Good practice innovations identified during COVID-19 have centred on how digital health and technological means have supported the communication with and support of people who use drugs during COVID-19, for example WhatsApp groups to support people (tele-counselling) and the dispensing of methadone. The operationalisation of mobile health units as a novel way of connecting and providing drug treatment also offers an evidence-based way of delivering programmes going forward.

A particular good practice is 12 years of joint fundraising and implementation between UNODC and WHO delivering clear outcomes such as the Standards, SOS, pregnancy training materials and QA, as well as jointly mainstreaming drug treatment as a health disorder.

The approach to promoting and disseminating the WHO-UNODC International Standards for the Treatment of Drug Use Disorders was carried out in a systematic, culturally appropriate, and coherent manner; by using advocacy tools, TA and capacity building – in particular the training of treatment professionals and policy makers. This has already contributed significantly to changes in drug policy in several countries, with an identifiable paradigm and practice shift from a more punitive approach to a health-based one, from solely law enforcement and control to a more holistic and humane approach.

Terms of Reference

**Independent Mid-term Cluster Evaluation of  
UNODC Work on Drug Dependence and  
Treatment**

*Projects: UNODC-WHO Programme on Drug Dependence Treatment and Care (GLOK32),  
Prevention of illicit drug use and treatment of drug use disorders for children/adolescents at risk  
(GLOK42), Treating drug dependence and its health consequences / OFID-UNODC Joint  
Programme to prevent HIV/AIDS through Treatnet Phase II (GLOJ71)*

**Global – with geographical focus in Africa, Latin America, Asia  
and South and East Europe regions**



UNITED NATIONS

Vienna, March 2021

## I. BACKGROUND AND CONTEXT

|  |   |
|--|---|
| Project/Programme number:  | GLOK32, GLOK42, GLOJ71  |
| Project/Programme title:   | UNODC-WHO Programme on Drug Dependence Treatment and Care (GLOK32)<br>Prevention of illicit drug use and treatment of drug use disorders for children/adolescents at risk (GLOK42)<br>Treating drug dependence and its health consequences / OFID-UNODC Joint Programme to prevent HIV/AIDS through Treatnet Phase II (GLOJ71)  |
| Duration:  | GLOK32 - 06/05/2010 – 29/12/2023<br>GLOK42 – 18/02/2011 – 28/02/2026<br>GLOJ71 – 01/01/2008 - 31/12/2022  |
| Location:  | Global with implementation in Africa, Asia, Europe and Latin America  |
| Linkages to Country, Regional and Thematic Programmes:   | <b>GLOK32</b> is actively coordinating with a range of Regional Programmes including:<br><ul style="list-style-type: none"> <li>•Regional Programme for Southeastern Europe: XCEU60</li> <li>•ECOWAS Regional Action Plan on illicit drug trafficking, organized crime related to it and drug abuse in West Africa</li> </ul> <b>GLOK32</b> is actively coordinating with the following global programmes:<br><ul style="list-style-type: none"> <li>•Ongoing activities have been linked with programme GLOJ71</li> <li>•Ongoing activities have been linked with programme GLOK01</li> </ul> <b>GLOK42</b> is actively coordination with a range of regional programmes including:<br>Regional Program for Afghanistan and Neighbouring Countries<br><b>GLOJ71</b> is actively coordination with a range of regional programmes including:<br>Regional programme for Afghanistan and neighbouring Countries<br>Programme for Central Asia |
| Linkages to UNDAF's strategic outcomes to which the project/programme contributes <sup>2</sup> | Coordination with UNODC Representatives that lead UNDAF coordination at country level with a view to integrated programming   |

<sup>2</sup> United Nations Development Assistance Framework, <https://unsdg.un.org/sites/default/files/2017->

**Independent Mid-term In-depth Cluster Evaluation of UNODC Work on Drug Dependence and Treatment (Global Programmes GLOJ71, GLOK32, and GLOK42)**

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| Linkages to the SDG targets to which the project contributes:  | 03 - Good Health and Well-Being, 05 - Gender Equality, 16 – Peace, Justice and Strong Institutions   |
| Executing Agency:  | UNODC (DO/DHB/PTRS)  |
| Partner Organizations:   | WHO (World Health Organization), Associazione Casa Famiglia Rosetta (ACFR)   |
| Total Approved Budget (USD):   | GLOK32: USD 35,800,000<br>GLOK42: USD 14,000,000<br>GLOJ71: USD 30,000,000   |
| Total Overall Budget (USD):  | GLOK32: USD 35,800,000<br>GLOK42: USD 14,000,000<br>GLOJ71: USD 30,000,000   |
| Total Expenditure by date of initiation of evaluation (USD), 9 November 2020:  | GLOK32: 19,931,217 USD<br>GLOK42: 10,495,978USD<br>GLOJ71: 25,727,498 USD  |
| Donors:  | United States of America, Russian Federation, Switzerland, France, Japan, Sweden, Italy, UAE, Colombia, Israel, Colombo Plan, Spain, Canada, United Kingdom, Norway, One UN Fund |
| Name and title of Project/Programme Manager and UNODC office/section/unit  | GLOK32/GLOJ71: Anja Busse<br>GLOK42: Elizabeth Mattfeld  |
| Type and time frame of evaluation: (Independent Project Evaluation/In-depth Evaluation/mid-term/final) ( <i>start and end date of the evaluation process</i> ) | GLOK32/GLOK42/GLOJ/71: Mid-term Cluster Evaluation (01/04/2021 - 14/11/2021)   |
| Time frame of the project covered by the evaluation ( <i>until the end of the evaluation field mission/data collection phase</i> ):                            | 06/05/2010-30/07/2021 (until the end of the data collection phase)   |
| Geographical coverage of the evaluation:   | Global   |
| Budget for this evaluation in USD <sup>3</sup> :   | USD 60,000 (approx.)   |
| Number of independent evaluators planned for this evaluation <sup>4</sup> :  | 2  |
| Type and year of past evaluations (if any):  | 2014 - Mid-term In-depth Evaluation of GLOJ71  |

UNDAF\_Guidance\_01-May-2017.pdf

<sup>3</sup> Including fees for evaluation team, travel, printing, editing, translation, interpretation, etc.

<sup>4</sup> Please note that the minimum for any UNODC evaluation is two independent evaluators, i.e. one lead evaluator and one team member.

## Programme overview

Drug dependence is considered a multi-factorial health disorder that often follows the course of a relapsing and remitting chronic condition/disease. Given the individual and socio-economic burden inflicted by drug dependence, the effective treatment and rehabilitation of patients is of significant public health importance. According to the [2020 World Drug Report](#), over 35.6 million people who use drugs are estimated to suffer from drug use disorders. Opioids account for approximately two-thirds of drug related deaths. Yet only one in eight problem drug users have access to drug dependence treatment services - thus pointing to the large gap in service provision that still remains to be closed. The magnitude of the suffering caused by drug use is underlined by approximately 42 million "healthy" lives lost as a result of these drugs.

Global public health approaches in drug dependence treatment and care have been the springboard of existing good practices and remain the most fertile ground for the development of innovative and effective responses. The best results are achieved when a comprehensive multidisciplinary approach, which includes diversified pharmacological and psychosocial interventions, is available to respond to the different needs of the patient.

The work of UNODC is guided by a broad range of international, legally binding instruments and treaties. The following three conventions form the basis of the work conducted by the organization, including the UNODC Drug Prevention Treatment and Rehabilitation Section (PTRS) within the Drug Prevention and Health Branch:

- [Convention on Narcotic Drugs \(1961\)](#) – Amended by a Protocol in 1972
- [Convention on Psychotropic Substance \(1971\)](#)
- [Convention against the Illicit Trafficking in Narcotic Drugs and Psychotropic Substances \(1988\)](#)

These three major international drug control treaties are complementary and aim at ensuring the availability of narcotic drugs and psychotropic substances for medical and scientific purposes, whilst preventing their diversion and their abuse.

To support the conventions, PTRS implements three global programmes, which aim at supporting Member States in their efforts to provide evidence-based drug dependence treatment services for individuals affected by drug use disorders, with special focus on low and middle-income countries. The three Global Programmes, UNODC-WHO Programme on Drug Dependence Treatment and Care (GLOK32), Prevention of illicit drug use and treatment of drug use disorders for children/adolescents at risk (GLOK42) and Treating drug dependence and its health consequences / OFID-UNODC Joint Programme to prevent HIV/AIDS through Treatnet Phase II (GLOJ71) will be jointly evaluated as a cluster and form the basis of this evaluation.

### **GLOK32 Programme overview**

The [UNODC-WHO Programme on Drug Dependence Treatment and Care, GLOK32](#) was officially launched as a flagship programme during the High-level Segment of the 52nd Commission on Narcotic Drugs (2009) and is being jointly implemented with WHO. It currently runs through 2023. Given the complementary mandates of the two organizations, the programme brings together UNODC and WHO under one single collaborative platform.

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The programme strategy includes global and regional outputs, with global level outputs mainly focusing on the development and dissemination of technical tools and regional outputs mainly focus on partnerships and capacity building at the regional level.

Programme activities at national level are currently (2020) being implemented in Afghanistan, Cote d'Ivoire, Ecuador, Indonesia, Kazakhstan, Kyrgyzstan, Kenya, Lao PDR, Pakistan, Senegal, Serbia and South East Europe (SEE), Sri Lanka, Ukraine, Tajikistan and Viet Nam. Since 2018 more than 60 additional countries have been reached, especially through trainings, and many more since the inception of the programme. Beneficiaries include programme countries, service providers, people who use drugs and people with drug use disorders, UNODC field offices, and partner agencies.

At the national level the programme follows four synergic lines of action:

- Support drug treatment-related assessment, data collection, monitoring and evaluation as well as research and the development of technical tools
- Support capacity building on evidence-based drug dependence treatment and care
- Support drug dependence treatment service development and evidence-based service delivery
- Support advocacy-related activities and the coordination and development of evidence-based policies on drug dependence treatment and care

### **GLOK42 - Programme overview**

The main purpose of UNODC programme GLOK42 (2011-2026) is to promote a worldwide coordinated response of public institutions and NGOs to children and adolescents at risk and/or those affected by drug use dependence and its health and social consequences, with the aim of preventing drug use, treating drug dependence and facilitating their integration into society. The programme's main strategy consists of a large scale mobilization, including the involvement of civil society, academics, media and high ranking personalities to call for immediate action to improve the living condition of children worldwide, reduce the risks of developing drug use disorders and provide appropriate treatment strategies tailored to respond to the specific needs of this age group. Likewise, the programme will implement evidence-based drug treatment and social reintegration projects among children and adolescents initiated in Afghanistan.

The programme was initiated to address the data received by US State Department related to children exposed to opioids in Afghanistan. The initial work of the programme was to develop the first psychosocial protocols and first pharmacological protocols to safely meet the needs of children and youth, within the framework of quality of drug treatment services and developing tools for the appropriate screening, assessment and treatment of children and adolescents. Following the development of the protocols, capacity building of drug demand reduction staff was initiated within a framework of cascading support. Following the capacity building the programme was implemented and closely monitored in close cooperation with the Ministry of Health and NGOs in Afghanistan. The work in Afghanistan continues based on available funding.

Building on the success in Afghanistan, UNODC expanded to include capacity building at the regional and national level upon request and available funding. The program was primarily focused in Afghanistan but training in the psychosocial protocols was done in Bangladesh, India, Pakistan, and across the Central Asian region.

### **GLOJ71 - Programme overview**

The OFID-UNODC Programme to prevent HIV/AIDS through Treatnet Phase II, GLOJ71 (2008-2022) is a follow-up programme to Treatnet Phase I, GLOH43 (2005-2009). The overall goal of this programme is to increase access to drug treatment for all those in need, with a special focus on the prevention and treatment of HIV and AIDS.

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To date the programme has been active in five (5) geographic regions world-wide and has contributed to increase both the availability and quality of services for people affected by drug use disorders. In addition, it has contributed to reduce or halt the HIV/AIDS epidemic and has helped to improve the well-being and social integration of programme beneficiaries.

Currently (2020), it is operational at UNODC Headquarter level and in six (6) countries in Central Asia: Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan, Uzbekistan (ROCA region) and works with eleven (11) additional countries in Latin America and the Caribbean. In coordination with an implementing partner Associazione Casa Famiglia Rosetta (ACFR) also capacity building activities in Tanga, Tanzania are being implemented, within the framework of GLOJ71. Since inception, the programme has reached many more additional countries and a mid-term in-depth evaluation was conducted in 2012.

The strategy to achieve the overall goal of this programme includes three lines of action:

- Conduct systematic advocacy to promote a sound understanding of drug dependence treatment and care (including HIV/AIDS prevention) and the recognition of drug dependence as a health disorder
- Support capacity building of service providers  
Provide technical support for the development and strengthening of sustainable quality drug dependence treatment services

### **Addressing Human Rights and the gender aspects**

The implementation of the global programmes on drug treatment promotes practice that has been shown to be effective by scientific evidence (as summarized in the International Standards published together by UNODC with WHO). Programme implementation follows the principles of the right to health and of do not harm in all activities, as well as practice that is based on the dignity of people who use drugs and their Human Rights. In line with UNODC publications, position papers and international political declarations, UNODC promotes voluntary treatment of drug use disorders with informed consent and has called for an end of punishing, cruel or degrading and that is often implemented in the name of 'treatment'. To do so, the global programmes have been building the capacity of policy makers and service providers for evidence-based, voluntary community-based treatment, as well as treatment as an alternative to conviction or punishment for people who use drugs and people with drug use disorders in contact with the criminal justice system in adequate cases of a minor nature.

As an example, UNODC global projects supported the development of Community Based Treatment (CBTx) in Laos PDR and in Afghanistan. In 2020 alone a total of 4,430 visits were conducted by patients and parents at 28 CBTx centers receiving UNODC technical assistance in Lao PDR. In Afghanistan, where in-patient treatment has been the prevailing intervention, UNODC contributed towards the development of a new drug demand reduction policy and community-based drug treatment strategy, in line with the Standards. As part of this effort, as an example, 52 professionals enhanced their knowledge in three (3) respective cascade trainings and recognized the importance of recovery-oriented interventions in 2020.

UNODC has also continued to disseminate the initiative on Treatment of drug use disorders for people in contact with the criminal justice system - Alternatives to conviction or punishment to support UN Member States in their efforts to consider, review and implement treatment as an alternative to conviction or punishment in line with the International Drug Control Conventions and other relevant international instruments.

In addition, the global programmes also adjust their activities to the local socio-economic and cultural situation to ensure that girls and women are reached. For example, the global programme on children exposed to drugs at a very young age (GLOK42) trains the workforce to provide substance use treatment services to adolescent girls via a community or out-patient model that is more sustainable than residential services where the family is likely to either remove the young woman or the adolescent female leaves to marry. Additionally, the global program was implemented via drug treatment centers focused on women as

the needs of the family in Afghanistan often falls on the women and providing skills and support to women and children is done in the same settings.

The global programmes on drug treatment and care (GLOK32, GLOK42 and GLOJ71) have developed guidance on how to mainstream gender considerations with regard to these strategies in numerous publications that are available online since 2014: WHO Guidelines on management of substance abuse disorders in pregnant women (2014), UNODC Guidelines on drug prevention and treatment for girls and women (2016) and, in 2020, the UNODC/WHO International Standards for the Treatment of Drug Use Disorders.

Gender Equality and equal participation is also encouraged through UNODC's global programmes at global, regional and national level. For example, out of the 162 professionals trained in Central Asia in Q4 2020, 53% were female and in all project activities an extra effort is made to ensure the meaningful participation of women.

## II. PURPOSE AND SCOPE OF THE EVALUATION

### The purpose of this evaluation

This mid-term in-depth cluster evaluation will evaluate how the three Global Programmes have contributed to the implementation of the work of PTRS and have supported the UNODC Strategic Framework sub-programme on Countering the World Drug Problem. All programmes that are being evaluated in this ToR aim at enhancing treatment and care services in the programme countries.

The overall purpose of the evaluation will be to understand the extent to which the UNODC programming in the area of drug dependence treatment and care has created cohesive messaging and implementation around evidence-based drug use disorder treatment and care, in alignment with the vision later summarized in the UNODC-WHO International Standards for the Treatment of Drug Use Disorders (the Standards, 2020). Although formally approved in 2020 (six years after the beginning of the time period covered by this evaluation), these Standards were developed on the basis of the Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem (2009) and the Principles of Drug Dependence Treatment - UNODC/WHO Discussion Paper (2009). A first draft for field-testing of the Standards was published in 2016 which then led to the latest publication of the Standards in 2020. These standards provide an international reference point for evidence-based drug use disorder treatment and to be of practical usability to improve services for individuals affected by drug use disorders. The Standards promote treatment strategies that are based on the best available scientific evidence, that are humane, and respect the Human Rights and dignity of people affected by drug use disorders and improve the overall quality of drug dependence treatment and care services within a range of settings.

The evaluation will assess the benefits/ added value and challenges at the various levels of programming when implementing evidence-based drug use disorder treatment and care programmes at the national, regional and global levels by analysing their individual and collective impact, relevance, efficiency, effectiveness and sustainability, and will then derive recommendations, good practices and lessons learned from the programmes and identify areas of improvement. Additionally, UNODC is interested in assessing the contributions and efforts related to coherence, Gender Equality, Human Rights and Leave No One Behind.

The purpose of the in-depth cluster evaluation is to:

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- Identify the existing footprint of evidence-based drug use disorder treatment programmes (GLOK32, GLOJ71, GLOK42) efforts undertaken by UNODC and the strengths that should be further promoted and moved forward in line with the 2020 International Standards for the Treatment of Drug Use Disorders;
- Assess how UNODC’s global programmes have contributed to implement the mandates given to UNODC by its governing bodies, especially the Commission on Narcotic Drugs as well as the General Assembly of the United Nations (UNGASS 2016);
- Assess the work of the programmes on capacity development of national counterparts and sustainability of such interventions;
- Contribute to organisational learning by identifying the strengths and weaknesses of the respective programmes.

### The scope of this evaluation

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| <b>Unit of analysis</b> (full project/programme/ parts of the project/programme; etc.) | The evaluation will cover the entirety, including all activities and work covered by the three Global Programmes (GLOK32, GLOK42 and GLOJ71)  |
| <b>Time period of the project/programme covered by the evaluation</b>                  | The scope of the evaluation will cover the full programme period of each programme from the start of implementation of GLOK32 (May 2010) through the end of evaluation data collection (tentatively July 2021). Although the design and implementation of GLOJ71 prior to this date will not be covered by this evaluation, the results of previous evaluations (i.e. the evaluation of GLOJ71 that was carried out in 2014) will be considered as appropriate. |
| <b>Geographical coverage of the evaluation</b>   | As all programmes are Global Programmes, the geographic scope will be global with a focus on Member States and regions with implemented activities, including Africa, Latin America and the Caribbean, Asia and South and East Europe. Any case studies or specific geographic focus will be selected by the evaluation team in close consultation with Programme Management and IES during the Inception Phase.  |

### The main evaluation users

The results of this summative mid-term evaluation are intended for use by the UNODC Prevention, Treatment and Rehabilitation Section (PTRS), beneficiary agencies/governments and donor countries. In particular, it will serve as a reference source for the lessons learned from the UNODC global programmes GLOK32/GLOK42 and GLOJ71, for its proper completion and also inform the continuation/future development of programmes in this area.

### III. EVALUATION CRITERIA

The evaluation will be conducted based on the following DAC criteria<sup>5</sup>: relevance, efficiency, coherence, effectiveness, impact and sustainability, as well as Human Rights, Gender Equality and Leave No One Behind, and lesson learned and best practices. All evaluations must include gender, Human Rights and no one left behind. Ideally these are mainstreamed within the evaluation questions. The criteria of relevance, efficiency, effectiveness, impact and sustainability can be addressed as relevant to the evaluation purpose. Evaluation criteria and questions should be selected to meet the needs of the stakeholders and evaluation context. The evaluation criteria and questions will be further refined by the Evaluation Team in the drafting of the Inception Report.

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| <p><b>Relevance<sup>6</sup>: Is the intervention doing the right thing?</b></p> <p><i>Relevance is the extent to which the activity is suited to the priorities and policies of the target group, recipient and donor.</i></p>  |
| <p>1. To what extent is the design of UNODC PTRS’s portfolio of drug use disorder treatment and care programmes (GLOJ71, GLOK42, GLOK32) appropriate for ensuring cohesive messaging (in alignment with the UNODC-WHO International Standards for the Treatment of Drug Use Disorders (2020) for evidence-based policies and services for drug use disorder treatment and care?</p> |
| <p>2. To what extent are the outputs, outcomes and objectives of these programmes relevant to implementing the Sustainable Development Goals and other relevant policy documents (e.g., 2009 Political Declaration and Plan of Action on Drugs, UNGASS 2016 Special Session on the World Drug Problem, CND Ministerial declaration 2019, CND resolutions)?</p>                      |
| <p>3. To what extent are the specific aspects and context of target countries and regions considered in the development, implementation, management, coordination, and monitoring of the programmes?</p>  |
| <p><b>Efficiency: How well are resources being used?</b></p> <p>The extent to which the intervention delivers, or is likely to deliver, results in an economic and timely way.</p>  |
| <p>4. To what extent are the programme resources/inputs (funds, expertise, staff time, etc.) converted to outputs in a timely and cost-effective manner?</p>  |
| <p>5. To what extent have administrative processes facilitated and/or hindered programme implementation and delivery of results (e.g., procurement of equipment; delivery of training, etc.)?</p>   |
| <p><b>Effectiveness: Is the intervention achieving its objectives?</b></p> <p>The extent to which the intervention achieved, or is expected to achieve, its objectives, and its results, including any differential results across groups.</p>  |
| <p>6. To what extent have the objectives and outcomes of the programmes been achieved or can be expected to be achieved? What have been the facilitating or hindering factors in achievement of results in each programme?</p>  |
| <p>7. By what means, if any, do the programmes adapt to the changing and emerging global, regional and national (Member State) priorities and needs to address drug use disorders and support drug use disorder treatment and care in line with UNODC mandates?</p>   |
| <p><b>Impact: What difference does the intervention make?</b></p>   |

<sup>5</sup> <https://www.oecd.org/dac/evaluation/daccriteriaforevaluatingdevelopmentassistance.htm>

<sup>6</sup> Includes the previous criterion of design.

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| The extent to which the intervention has generated or is expected to generate significant positive or negative, intended or unintended, higher-level effects.   |
| 8. To what extent are the programmes likely to achieve the anticipated impact/s? To what extent are they likely to trigger any other unintended impact/s?   |
| 9. To what extent did UNODC work contribute to target countries developing or improving their drug use disorder treatment and care services or system in line with evidence-based approaches?   |
| 10. To what extent have the global programmes under PTRS contributed to the work of UNODC?  |
| <b>Sustainability: Will the benefits last?</b>  |
| The extent to which the net benefits of the intervention continue or are likely to continue.  |
| 11. To what extent have the programmes generated ownership of their goals at the national level that contribute to a science-based approach for treatment of drug use disorders? What factors have hindered or facilitated this ownership?  |
| 12. To what extent has there been ongoing donor interest in supporting GLOK32, GLOJ71 and GLOK42? What factors have hindered or facilitated donor interest?   |
| <b>Coherence<sup>7</sup>: How well does the intervention fit?</b>   |
| The compatibility of the intervention with other interventions in the country, sector or institution  |
| 13. To what extent did the programmes develop or strengthen existing and new partnerships at national, regional, and global levels (including with UN agencies, CSOs, academia, etc.)?  |
| 14. To what extent are GLOK32/GLOK42 and GLOJ71 designed and coordinated to ensure synergies and contribute to the overall work of PTRS?  |
| 15. To what extent do the programmes contribute to the One UN, UNDAF, and other UN system-wide coordination mechanisms (e.g. participation in UN Country Team) and to what extent do the Global Programmes under PTRS contribute to the creation of appropriate synergies with existing initiatives of UNODC at the HQ, regional and country/national levels? |
| <b>Human Rights, Gender Equality, and Leave No One Behind: Has the intervention been inclusive and Human Rights based?</b>  |
| <i>The extent to which the project/programme has mainstreamed Human Rights, Gender Equality, and the dignity of individuals, i.e. vulnerable groups, including those with disabilities.</i>   |
| 16. To what extent are Human Rights considerations included in the design and implementation of the programmes?   |
| 17. To what extent are considerations of Gender Equality included in the design and implementation of the programmes?   |
| 18. To what extent have the programmes mainstreamed aspects related with the dignity of individuals, i.e. those of under-represented and vulnerable groups and those with disabilities?   |
| <b>Lessons learned and best practices</b>   |
| <i>Lessons learned concern the learning experiences and insights that were gained throughout the project/programme.</i>   |
| 19. What lessons and good practices could inform improvements in the design, implementation, and/or achievement of results by the programmes, or similar programmes/projects?   |

<sup>7</sup> Includes the previous criteria of partnerships and cooperation.

## IV. EVALUATION METHODOLOGY

### **The methods used to collect and analyse data**

This evaluation will use methodologies and techniques as determined by the specific needs for information, the questions set out in the TOR and further refined in the Inception Report, as well as the availability of stakeholders. In all cases, the evaluation team is expected to analyse all relevant information sources, such as reports, programme documents, thematic programmes, internal review reports, programme files, evaluation reports (if available), financial reports and any other additional documents that may provide further evidence for triangulation, on which their conclusions will be based. The evaluation team is also expected to use interviews, surveys or any other relevant quantitative and/or qualitative tools as a means to collect relevant data for the evaluation. While maintaining independence, the evaluation will be carried out based on a participatory approach, which seeks the views and assessments of all parties identified as the stakeholders of the project/ programme, the Core Learning Partners (CLP). GLOK32 is a UNODC programme, in which WHO is a key partner and stakeholder.

The evaluation team will be asked to present a summarized methodology (including an evaluation matrix) in the Inception Report outlining the evaluation criteria, indicators, sources of information and methods of data collection. The evaluation methodology must conform to the United Nations Evaluation Group (UNEG) Norms and Standards as well as the UNODC Evaluation Policy, Norms and Standards.

While the evaluation team shall fine-tune the methodology for the evaluation in the Inception Report, a mixed-methods approach of qualitative and quantitative methods is mandatory due to its appropriateness to ensure a gender-sensitive, inclusive methodology. Special attention shall be paid to an unbiased and objective approach and the triangulation of sources, methods, data, and theories. The limitations to the evaluation need to be identified and discussed by the evaluation team in the Inception Report, e.g., data constraints (such as missing baseline and monitoring data). Potential limitations as well as the chosen mitigating measures should be discussed in advance.

### **The main elements of the evaluation process are the following:**

- Preparation and submission of an Inception Report (containing initial observations of the desk review, refined evaluation questions, data collection instruments, sampling strategy, limitations to the evaluation, and timetable) to IES through Unite Evaluations (<https://evaluations.unodc.org>) for review and clearance at least one week before any field mission/data collection phase may take place (which may entail several rounds of comments);
- Initial meetings and interviews with the Programme Officer and other UNODC staff as well as stakeholders during the field mission/data collection phase; It should be noted that during the global COVID19 pandemic travel is limited so whenever possible meetings and interviews will be conducted virtually using the Teams platform;
- Interviews (face-to-face or by telephone/skype/Teams) with key programme stakeholders and beneficiaries, both individually and (as appropriate) in small groups/focus groups, will use surveys, questionnaires or any other relevant quantitative and/or qualitative tools as a means to collect relevant data for the evaluation (respecting potential COVID19-related restrictions on travel and in-person meetings);
- Analysis of all available information;
- Oral briefing of initial observations/preliminary findings to internal stakeholders (if applicable);
- Preparation of the draft evaluation report (based on the Template Report). The Evaluation Expert submits the draft report to IES only through Unite Evaluations for review and clearance (may entail several rounds of comments). A briefing on the draft report with project/programme management may also be organized. This will be based on discussion with IES and project/programme management;
- Preparation of the final evaluation report and an Evaluation Brief (2-pager) (based on the Template Brief), including full proofreading and editing, submission to IES through Unite Evaluations for review

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and clearance (may entail several rounds of comments). It further includes a PowerPoint presentation on final evaluation findings and recommendations;

- Presentation of final evaluation report with its findings and recommendations to the target audience, stakeholders etc. (in person or, if necessary, through remote means of communication).
- In conducting the evaluation, the UNODC and the UNEG Evaluation Norms and Standards are to be taken into account. All tools, norms and templates to be mandatorily used in the evaluation process can be found on the IES website: <http://www.unodc.org/unodc/en/evaluation/index.html>.

### V. TIMEFRAME AND DELIVERABLES (ADJUST TO COVID)

| <b>Evaluation stage</b>  | <b>Start dates<sup>8</sup><br/>(dd/mm/yy)</b> | <b>End date (dd/mm/yy)</b> | <b>Subsumed tasks, roles</b>   | <b>Guidance / Process description</b>  |
|--|---|----------------------------|--|--|
| <b>Inception Report (3-5 weeks)</b>  | 01/04/2021                                    | 13/05/2021                 | Draft IR; Review by IES, PM; Final IR  | Includes 2 weeks for review by IES   |
| <b>Data collection (incl. field missions if conducted) (2-6 weeks)<sup>9</sup></b> | 14/05/2021                                    | 30/07/2021                 | Field missions (if possible); observation; interviews; etc.                          | Coordination of data collection dates and logistics with PM.                     |
| <b>Draft report (6-9 weeks)</b>  | 01/08/2021                                    | 27/08/2021                 | Drafting of report; by evaluators  | Includes 2 weeks for review by IES, 1 week by PM                                 |
|  | 28/09/2021                                    | 20/09/2021                 | Review by IES; review by PM; revision of draft                                       |  |
| <b>Draft report for CLP comments (2 weeks)</b>                                     | 23/09/2021                                    | 03/10/2021                 | Compilation of comments by IES   | Comments will be shared by IES with evaluators                                   |
| <b>Final report and Brief (2-3 weeks)</b>  | 03/10/2021                                    | 23/10/2021                 | Share with CLPs; revision by eval; review/approval by IES; incorporation of MR by PM | Evaluation report, Brief and slides are finalised. Includes 1 week for review by |

<sup>8</sup> Required preparations before the start: completed ToR; 2 weeks review of ToR by the Core Learning Partners; finalised ToR based upon comments received; clearance by IES; assessment of qualified evaluation team candidates; clearance by IES; recruitment (Vienna HR for international consultants requiring a minimum of 2 weeks; UNDP for national consultants which may take up to several weeks); desk review materials compiled.

<sup>9</sup> Data collection is currently likely to take longer than usual due to competing priorities of stakeholders and beneficiaries due to COVID-19. Data collection phase may imply on-line interviews, surveys etc instead of travel/face-to-face interviews.

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|                             |            |            |                               |  |
|-----------------------------|------------|------------|-------------------------------|--|
|                             |            |            |                               | <i>IES and 1 week for PM</i>   |
| <b>Presentation (1 day)</b> | 04/11/2021 | 14/11/2021 | <i>presentation organised</i> | <i>Exact date of presentation of final results to be agreed with PM.</i> |

The UNODC Independent Evaluation Section may change the evaluation process, timeline, approach, etc. as necessary at any point throughout the evaluation-process.

## VI. EVALUATION TEAM COMPOSITION

| <b>Role</b>               | <b>Number of consultants<sup>10</sup> (national/international)</b> | <b>Specific expertise required<sup>11</sup></b>   |
|---------------------------|--|---|
| Evaluation Expert         | 1 international consultant   | Evaluation methodology; knowledge of drug demand reduction/treatment and rehabilitation is desirable. Fluency in English is required (French or Spanish is desirable).  |
| Substantive Expert        | 1 international consultant   | Expertise in drug demand reduction/treatment and rehabilitation; knowledge of evaluation methodologies desirable. Fluency in English is required (French or Spanish is desirable).  |
| Methodology Design Expert | 1 international consultant   | Evaluation methodology, i.e., mixed methods; experience working in crisis/emergency/fragile settings; knowledge of gender/human right-sensitive evaluations. Knowledge of drug demand reduction/treatment and rehabilitation is desirable. Fluency in English is required (French or Spanish is desirable). |

The evaluation team will not act as representatives of any party and must remain independent and impartial. The qualifications and responsibilities for each evaluation team member are specified in the respective job descriptions attached to these Terms of Reference (Annex 1). The evaluation team will report exclusively to

<sup>10</sup> Please note that an evaluation team needs to consist of at least 2 independent evaluators – at least one Evaluation Expert and one Substantive Expert.

<sup>11</sup> Please add the specific technical expertise needed (e.g. expertise in anti-corruption; counter terrorism; etc.) – please note that at least one evaluation team member needs to have expertise in human rights and gender equality.

the Chief or Deputy Chief of the UNODC Independent Evaluation Section, who are the exclusive clearing entity for all evaluation deliverables and products.

### Absence of Conflict of Interest

According to UNODC rules, the evaluation team must not have been involved in the design and/or implementation, supervision and coordination of and/or have benefited from the programme or theme under evaluation.

Furthermore, the evaluation team shall respect and follow the UNEG Ethical Guidelines for conducting evaluations in a sensitive and ethical manner.

## VII. MANAGEMENT OF THE EVALUATION PROCESS

### Roles and responsibilities of the Project/Programme Manager

The Project/Programme Manager is responsible for:

- drafting and finalizing the ToR,
- identifying stakeholders and selecting Core Learning Partners (representing a balance of men, women and other marginalised groups) and informing them of their role,
- recruiting the evaluation team following clearance by IES, ensuring issued contracts ahead of the start of the evaluation process in line with the cleared ToR. In case of any delay, IES and the evaluation team are to be immediately notified,
- compiling and providing desk review materials (including data and information on men, women and other marginalised groups) to the evaluation,
- reviewing the draft report and draft Evaluation Brief for factual errors,
- completing the Management Response (MR) and the Evaluation Follow-up Plan (EFP) for usage of the evaluation results;
- facilitating the presentation of final evaluation results;
- disseminating the final evaluation report and Evaluation Brief and communicating evaluation results to relevant stakeholders;
- recording of the status of the implementation of the evaluation recommendations in Unite Evaluations (to be updated once per year).;

The Project/Programme Manager will be in charge of **providing logistical support** to the evaluation team including arranging the field missions of the evaluation team, including but not limited to and noting that during the global COVID19 pandemic meetings and interviews will be conducted via a virtual platform:

- All logistical arrangement for the meetings/interviews/focus groups/etc., ensuring interview partners adequately represent men, women and other marginalised groups and arrangements for the presentation of the evaluation results;
- Ensure timely payment of all fees/DSA/etc. (payments for the evaluation team must be released within 5 working days after the respective deliverable is cleared by IES).

### Roles and responsibilities of the Independent Evaluation Section

The Independent Evaluation Section (IES) provides mandatory normative tools, guidelines and templates to be used in the evaluation process<sup>12</sup>. Furthermore, IES provides guidance, quality assurance and evaluation expertise, as well as interacts with the programme manager and the evaluation team throughout the

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<sup>12</sup> Please find the respective tools on the IES web site <http://www.unodc.org/unodc/en/evaluation/evaluation.html>.

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evaluation process. IES may change the evaluation process, timeline, approach, etc. as necessary at any point throughout the evaluation process.

IES reviews, comments on and clears all steps and deliverables during the evaluation process: Terms of Reference; Selection of the evaluation team, Inception Report; Draft Evaluation Report; Final Evaluation Report, Evaluation Brief and PowerPoint slides on the final evaluation results; Evaluation Follow-up Plan. IES further publishes the final evaluation report and the Evaluation Brief on the UNODC website, as well as sends the final evaluation report to an external evaluation quality assurance provider.

## VIII. PAYMENT MODALITIES

The evaluation team will be issued consultancy contracts and paid in accordance with UNODC rules and regulations. The payment will be made by deliverable and only once cleared by IES. Deliverables which do not meet UNODC and UNEG evaluation norms and standards will not be cleared by IES. Payment is correlated to deliverables and three instalments are typically foreseen:

1. The first payment upon clearance of the Inception Report (in line with UNODC evaluation norms, standards, guidelines and templates) by IES;
2. The second payment upon completion of data collection efforts and clearance (in line with UNODC norms, standards, evaluation guidelines and templates) by IES;
3. The third payment upon clearance of the Draft Evaluation Report (in line with UNODC norms, standards, evaluation guidelines and templates) by IES;
4. The final payment (i.e., the remainder of the fee) only after completion of the respective tasks, receipt of the final report, Evaluation Brief (in line with UNODC evaluation norms, standards, guidelines and templates) and clearance by IES, as well as presentation of final evaluation findings and recommendations.

IES is the sole entity to request payments to be released in relation to evaluation. Project/Programme Management must fulfil any such request within 5 working days to ensure the independence of this evaluation process. Non-compliance by Project/Programme Management may result in the decision to discontinue the evaluation by IES.

## ANNEX I. TERMS OF REFERENCE FOR EVALUATORS

|                                     |  |
|-------------------------------------|--|
| <b>Title:</b>                       | Consultant (Evaluation Expert)   |
| <b>Organizational Section/Unit:</b> | Independent Evaluation Section (IES)   |
| <b>Name and title Supervisor:</b>   | Katharina Kayser, Chief, IES or Katherine Aston, Deputy Chief, IES                       |
| <b>Duty Station or home-based:</b>  | Home-based/with potential travel to be determined based on health and safety regulations |
| <b>Proposed period:</b>             | From 01.04.2021 to 14.11.2021  |
| <b>Actual work time:</b>            | 50 days  |
| <b>Fee Range:</b>                   | C  |

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### 1. Background of the assignment:

The UNODC-WHO Programme on Drug Dependence Treatment and Care, GLOK32 was officially launched as a flagship programme during the High-level Segment of the 52nd Commission on Narcotic Drugs (2009) and is being jointly implemented with WHO. Given the complementary mandates of the two organizations, the programme brings together UNODC and WHO under one single collaborative platform.

UNODC and WHO both have constitutional mandates to address issues presented by drug use and dependence. Moreover, taking into account the health, socio-economic and security implications of drug use and related disorders, the two agencies are uniquely positioned to lead this initiative. In particular, it will open a dialogue with Member States and involve a varied group of government ministries such as those for health, welfare, as well as the criminal justice system and other relevant sectors.

The OFID-UNODC Programme to prevent HIV/AIDS through Treatnet Phase II, GLOJ71 (2008-ongoing) is a follow-up programme to Treatnet Phase I, GLOH43 (2005-2009). The overall goal of this programme is to increase access to drug treatment for all those in need, with a special focus on the prevention and treatment of HIV and AIDS.

To date the programme has been active in five (5) geographic regions world-wide and has contributed to increase both the availability and quality of services for people affected by drug use disorders. In addition, it has contributed to reduce or halt the HIV/AIDS epidemic and has helped to improve the well-being and social integration of programme beneficiaries.

The main purpose of UNODC programme GLOK42 is to promote a worldwide coordinated response of public institutions and NGOs to children and adolescents at risk and/or those affected by drug use dependence and its health and social consequences, with the aim of preventing drug use, treating drug dependence and facilitating their integration into society.

The programme's main strategy consists of a large scale mobilization, including the involvement of civil society, academics, media and high ranking personalities to call for immediate action to improve the living condition of children worldwide, reduce the risks of developing drug use disorders and provide appropriate treatment strategies tailored to respond to the specific needs of this age group. Likewise, the programme will implement evidence-based drug treatment and social reintegration projects among children and adolescents starting in Afghanistan where funds have been secured.

## **2. Purpose of the assignment:**

This mid-term in-depth cluster evaluation will evaluate how the three Global Programmes have contributed to the implementation of the work of PTRS and supports the UNODC Strategic Framework sub-programme on Countering the World Drug Problem. All programmes that are being evaluated in this ToR aim at enhancing treatment and care services in the programme countries.

The evaluation will assess the benefits/ added value and challenges at the various levels of programming when implementing evidence-based drug use disorder treatment and care programmes at the national, regional and global levels by analysing their individual and collective impact, relevance, efficiency, effectiveness and sustainability, and will then derive recommendations and lessons learned from the programmes and identify areas of improvement. Additionally, UNODC is interested in assessing the contributions and efforts related to coherence, Gender Equality, Human Rights and Leave No One Behind.

The purpose of the in-depth cluster evaluation is to:

- Identify the existing footprint of evidence-based drug use disorder treatment programmes (GLOK32, GLOJ71, GLOK42) efforts undertaken by UNODC and the strengths that should be further promoted and moved forward in line with the 2020 International Standards for the Treatment of Drug Use Disorders;
- Assess how UNODC's global programmes have contributed to implement the mandates given to UNODC by its governing bodies, especially the Commission on Narcotic Drugs as well as the General Assembly of the United Nations (UNGASS 2016);
- Assess the work of the programmes on capacity development of national counterparts and sustainability of such interventions;
- Contribute to organisational learning by identifying the strengths and weaknesses of the respective programmes.

## **3. Specific tasks to be performed by the Evaluation Expert:**

Under the guidance and supervision of the Chief or the Deputy Chief of the UNODC Independent Evaluation Section at Headquarters (Vienna, Austria), the key responsibilities of the Evaluation Expert include:

- Develop the evaluation design with detailed method, tools and techniques that are gender-inclusive and gender-sensitive, generating information from and about men, women and other marginalized groups, as well as key gender and Human Rights issues;
- Ensure adherence to the United Nations Evaluation Group (UNEG) Norms and Standards, UNODC evaluation norms, standards, guidelines and templates and the full evaluation terms of Reference (ToR);
- Ensure that all deliverables mentioned in these terms of reference are submitted in a timely and satisfactory manner;
- Effectively coordinate and oversee, throughout the entire evaluation process, the tasks of the Substantive Expert(s). Request drafted inputs (and revisions of such) from the Substantive Expert(s) for all deliverables.

## **4. Expected tangible and measurable output(s)/deliverable(s):**

The Evaluation Expert is responsible for the quality and timely submission of his/her specific deliverables, as specified below. All products should be well written in English and have a clear, transparent and verifiable analysis process. The evaluation team will report exclusively to the Chief or the Deputy Chief of the UNODC Independent Evaluation Section (IES).

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The Evaluation Expert will interact with the Substantive Expert, Methodology Design Expert and IES throughout the entire evaluation process, requesting drafted inputs (and revisions of such) from the Substantive Expert and Methodology Design Expert for all deliverables. The Evaluation Expert is responsible for the following deliverables:

- Inception report in line with UNODC evaluation norms, standards, guidelines and templates. This includes a desk review summary, refined evaluation questions, data collection instruments (including surveys/questionnaires and interview guides), sampling strategy, evaluation matrix and limitations to the evaluation (respecting potential COVID-related restrictions on travel and in-person meetings). Submission to IES through Unite Evaluations for review and clearance (may entail various rounds of comments and revision in accordance);
- Oral briefing of initial observations/preliminary findings to internal key stakeholders (if applicable);
- Draft report in line with UNODC evaluation norms, standards, guidelines and templates. This also includes an analysis of the performance of the project to adequately address Gender Equality as well as Human Rights issues, with concrete findings, conclusions and recommendations. Submission to IES through Unite Evaluations for review and clearance (may entail various rounds of comments and revision in accordance); A briefing on the draft report with project/programme management together with IES may also be organized. This will be based on discussion with IES and project/programme management.
- Revised draft report based upon comments received from the various consultative processes (IES, Project Management and Core Learning Partners), including full proof reading;
- Finalization of the Final Evaluation Report in line with UNODC evaluation norms, standards, guidelines and templates. In addition, an Evaluation Brief and PowerPoint slides on final evaluation results, including full proofreading and editing. Submission to IES through Unite Evaluations for review and clearance (may entail various rounds of comments and revision in accordance);
- Final presentation of evaluation results to internal and external stakeholders. This may also include a separate briefing with IES.

According to UNODC rules and UNEG Norms and Standards, the Evaluation Expert shall not have had any responsibility for the design, implementation or supervision of any of the projects, programs or policies that they are evaluating.

The UNODC Independent Evaluation Section is the sole clearing entity for all evaluation deliverables and products.

The Evaluation Expert shall respect the UNEG Ethical Guidelines.

### 5. Dates and details of deliverables/payments:

| Deliverable | Output                              | Working Days | To be accomplished by (dd/mm/yy) |
|-------------|-------------------------------------|--------------|----------------------------------|
| 1.          | Inception Report                    | <b>15</b>    | 13.05.2021                       |
| 2.          | Data Collection                     | <b>20</b>    | 31.07.2021                       |
|             | Draft Report                        | <b>10</b>    | 27.08.2021                       |
| 3.          | Final Evaluation Report, Evaluation | <b>5</b>     | 14.11.2021                       |

**Independent Mid-term In-depth Cluster Evaluation of UNODC Work on Drug Dependence and Treatment (Global Programmes GLOJ71, GLOK32, and GLOK42)**

|  |   |           |  |
|--|---|-----------|--|
|  | Brief and PowerPoint slides (including full proof reading and editing) and presentation of final evaluation results |           |  |
|  | TOTAL   | <b>50</b> |  |

Payments will be made upon satisfactory completion and submission of outputs/deliverables as assessed by IES. Programme Management is requested to release all payments only after IES clearance.

**6. Indicators to evaluate the Evaluation Expert’s performance**

Timely, satisfactory and high-quality delivery of the abovementioned outputs as assessed by IES (in line with UNODC norms, standards, guidelines and templates as well as UNEG Standards and Norms).

**7. Qualifications/expertise sought (required educational background, years of relevant work experience, other special skills or knowledge required)**

- Advanced university degree (Master’s degree or equivalent) in political science, sociology, criminology, law or related field is required. A first level university degree (Bachelor’s degree or equivalent) in similar fields in combination with two additional years of qualifying experience may be accepted in lieu of the advanced university degree. Formal training/education on evaluation methodologies and principles are an asset.
- A minimum of 10 (ten) years professional technical experience in in the field of evaluation or related field, including a track record of conducting various types of evaluation at the international level, preferably with experience in conducting evaluations for the United Nations is required;
- Experience in leading a team is required;
- Knowledge and experience of the UN System and in particular of UNODC is desirable;
- Knowledge of quantitative and qualitative methods is required;
- Experience in gender sensitive evaluation methodologies and analysis, and understanding of Human Rights and ethical issues in relation to evaluation is desirable;
- Experience in presenting and communicating complex evaluation or research results in a structured manner (in reports, briefs, presentations, etc.) is required;
- English and French are the working languages of the United Nations Secretariat. For this post, fluency in oral and written English is required. Knowledge of another United Nations language is an advantage.

## Independent Mid-term In-depth Cluster Evaluation of UNODC Work on Drug Dependence and Treatment (Global Programmes GLOJ71, GLOK32, and GLOK42)

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|-------------------------------------|---|
| <b>Title:</b>                       | Consultant (Substantive Expert in Drugs and Health)                   |
| <b>Organizational Section/Unit:</b> | Independent Evaluation Section (IES)                                  |
| <b>Name and title Supervisor:</b>   | Katharina Kayser, Chief IES or Katherine Aston, Deputy Chief, IES     |
| <b>Duty Station or home-based:</b>  | Home-based/with travel to (all places for travel should be specified) |
| <b>Proposed period:</b>             | From 01.04.2021 to 14.11.2021   |
| <b>Actual work time:</b>            | <b>36 days</b>  |
| <b>Fee Range:</b>                   | C   |

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### 1. Background of the assignment:

The UNODC-WHO Programme on Drug Dependence Treatment and Care, GLOK32 was officially launched as a flagship programme during the High-level Segment of the 52nd Commission on Narcotic Drugs (2009) and is being jointly implemented with WHO. Given the complementary mandates of the two organizations, the programme brings together UNODC and WHO under one single collaborative platform.

UNODC and WHO both have constitutional mandates to address issues presented by drug use and dependence. Moreover, taking into account the health, socio-economic and security implications of drug use and related disorders, the two agencies are uniquely positioned to lead this initiative. In particular, it will open a dialogue with Member States and involve a varied group of government ministries such as those for health, welfare, as well as the criminal justice system and other relevant sectors.

The OFID-UNODC Programme to prevent HIV/AIDS through Treatnet Phase II, GLOJ71 (2008-ongoing) is a follow-up programme to Treatnet Phase I, GLOH43 (2005-2009). The overall goal of this programme is to increase access to drug treatment for all those in need, with a special focus on the prevention and treatment of HIV and AIDS.

To date the programme has been active in five (5) geographic regions world-wide and has contributed to increase both the availability and quality of services for people affected by drug use disorders. In addition, it has contributed to reduce or halt the HIV/AIDS epidemic and has helped to improve the well-being and social integration of programme beneficiaries.

The main purpose of UNODC programme GLOK42 is to promote a worldwide coordinated response of public institutions and NGOs to children and adolescents at risk and/or those affected by drug use dependence and its health and social consequences, with the aim of preventing drug use, treating drug dependence and facilitating their integration into society.

The programme's main strategy consists of a large scale mobilization, including the involvement of civil society, academics, media and high ranking personalities to call for immediate action to improve the living condition of children worldwide, reduce the risks of developing drug use disorders and provide appropriate treatment strategies tailored to respond to the specific needs of this age group. Likewise, the programme will implement evidence-based drug treatment and social reintegration projects among children and adolescents starting in Afghanistan where funds have been secured.

## **2. Purpose of the assignment:**

This mid-term in-depth cluster evaluation will evaluate how the three Global Programmes have contributed to the implementation of the work of PTRS and supports the UNODC Strategic Framework sub-programme on Countering the World Drug Problem. All programmes that are being evaluated in this ToR aim at enhancing treatment and care services in the programme countries.

The evaluation will assess the benefits/ added value and challenges at the various levels of programming when implementing evidence-based drug use disorder treatment and care programmes at the national, regional and global levels by analysing their individual and collective impact, relevance, efficiency, effectiveness and sustainability, and will then derive recommendations and lessons learned from the programmes and identify areas of improvement. Additionally, UNODC is interested in assessing the contributions and efforts related to coherence, Gender Equality, Human Rights and Leave No One Behind.

The purpose of the in-depth cluster evaluation is to:

- Identify the existing footprint of evidence-based drug use disorder treatment programmes (GLOK32, GLOJ71, GLOK42) efforts undertaken by UNODC and the strengths that should be further promoted and moved forward in line with the 2020 International Standards for the Treatment of Drug Use Disorders;
- Assess how UNODC's global programmes have contributed to implement the mandates given to UNODC by its governing bodies, especially the Commission on Narcotic Drugs as well as the General Assembly of the United Nations (UNGASS 2016);
- Assess the work of the programmes on capacity development of national counterparts and sustainability of such interventions;
- Contribute to organisational learning by identifying the strengths and weaknesses of the respective programmes.

## **3. Specific tasks to be performed by the Substantive Expert:**

Under the guidance and supervision of the Chief or the Deputy Chief of the UNODC Independent Evaluation Section at Headquarters (Vienna, Austria), the Substantive Expert will collaborate with the Evaluation Expert throughout the entire evaluation process, and contribute to the following tasks:

- Provide substantive inputs in relation to on drug use disorder treatment and care programming to the whole evaluation process and to all deliverables;
- Draft inputs to the inception report (with the evaluation design and the detailed methods, tools and techniques), the draft and final evaluation report, as well as the Evaluation Brief and the final presentation;
- Revise inputs in relation to drug use disorder treatment and care to all deliverables based upon comments received from the various consultative processes (IES, Programme Management and Core Learning Partners), including also full proofreading and editing;
- Ensure adherence to the United Nations Evaluation Group (UNEG) Norms and Standards, UNODC evaluation norms, standards, guidelines and templates and the full evaluation terms of Reference (ToR);
- Ensure that all deliverables mentioned in these terms of reference are submitted in a timely and satisfactory manner, and in line with the quality criteria checklist.

**4. Expected tangible and measurable output(s)/deliverable(s):**

The Substantive Expert will be responsible for the quality and timely submission of his/her specific deliverables, as specified below. All products should be well written in English and inclusive, and have a clear, transparent and verifiable analysis process. The evaluation team will report exclusively to the Chief or the Deputy Chief of the UNODC Independent Evaluation Section.

The Substantive Expert will collaborate with the Evaluation Expert, Methodology Design Expert and IES throughout the entire evaluation process and is responsible for the following tasks:

- Draft inputs to the inception report in line with UNODC evaluation norms, standards, guidelines and templates. This includes the analysis of the desk review materials (all desk review materials to be stored on-line with access to the entire evaluation team and, upon request to IES), refined evaluation questions, data collection instruments (including fully developed survey questionnaires and interview guides), stakeholders' analysis, sampling strategy, evaluation matrix and limitations to the evaluation, including an analysis of the performance of the project to adequately address Gender Equality as well as Human Rights issues, with concrete findings, conclusions and recommendations. In addition, a detailed evaluation work plan with tasks and roles and responsibilities of the entire evaluation team.
- Collaborate with the Evaluation Expert and with the Methodology Design Expert for draft inputs to the analysis and the development of data collection tools in relation to drug use disorder treatment and care;
- Contribute to discussions with the Programme Officer to clarify initial questions about the programme.
- Revise inputs to the analysis and the development of data collection tools in relation to drug use disorder treatment and care based upon comments received. Inception report to be cleared by IES at least one week before the field mission gets started;
- Contribute to discussions with the Programme Officer to ensure that meetings and interview schedules have been arranged ahead of the field mission. Contribute to all meetings and interviews during the field mission. This includes interviews with key stakeholders (face-to-face or by telephone/Skype), both individually and (as appropriate) in small groups/focus groups as well as usage of the developed survey questionnaires or any other relevant quantitative and/or qualitative tools as a means to collect relevant data for the evaluation. Transcripts of interviews to be stored on-line with access to the entire evaluation team, and upon request to IES;
- Contribute to the preparations of an oral briefing of initial observations to internal key stakeholders (if applicable);
- Contribute to the submission to IES of final data collection tools (survey questionnaires, interview guides, stakeholders list and interview schedules) for clearance;
- Contribute to the analysis of all available information, in particular relating to drug use disorder treatment and care. (for IDEs: contribute to analysis meeting with IES before drafting of the Evaluation Report);
- Draft inputs in relation to drug use disorder treatment and care to a Draft Evaluation Report in line with UNODC evaluation norms, standards, guidelines and templates. This also includes an analysis of the performance of the programme to adequately address Gender Equality as well as Human Rights issues, with concrete findings, conclusions and recommendations;
- Contribute to the revision of the Draft Evaluation Report, i.e., revise inputs in relation to drug use disorder treatment and care based upon comments received from the various consultative processes, including full proofreading and editing;
- Contribute to the finalization of the Final Evaluation Report in line with UNODC evaluation norms, standards, guidelines and templates. In addition, draft inputs in relation to drug use disorder treatment and care to an Evaluation Brief and PowerPoint slides on final evaluation results, including

## Independent Mid-term In-depth Cluster Evaluation of UNODC Work on Drug Dependence and Treatment (Global Programmes GLOJ71, GLOK32, and GLOK42)

full proofreading and editing. Revise and finalize inputs to all deliverables in relation to drug use disorder treatment and care based upon comments received.

According to UNODC rules and UNEG Norms and Standards, the Substantive Expert shall not have had any responsibility for the design, implementation or supervision of any of the projects, programs or policies that they are evaluating.

The UNODC Independent Evaluation Section is the sole clearing entity for all evaluation deliverables and products.

The Substantive Expert shall respect the UNEG Ethical Guidelines.

### 5. Dates and details of deliverables/payments:

| Deliverable | Output   | Working Days | To be accomplished by (dd/mm/yy) |
|-------------|--|--------------|----------------------------------|
| 1.          | Inception Report   | <b>10</b>    | 13.05.2021                       |
| 2.          | Final Data Collection  | <b>15</b>    | 31.07.2021                       |
| 3.          | Draft Report   | <b>8</b>     | 27.08.2021                       |
| 4.          | Final Evaluation Report, Evaluation Brief and PowerPoint slides (including full proof reading and editing) | <b>3</b>     | 23.10.2021                       |
|             | Total  | <b>36</b>    |                                  |

Payments will be made upon satisfactory completion and submission of outputs/deliverables as assessed by IES. Programme Management is requested to release all payments only after IES clearance.

*Please note that last payment must coincide with the end of the contract and must be identical to payment phases in the engagement of consultant/IC request.*

### 6. Indicators to evaluate the Substantive Expert's performance

Timely, satisfactory and high-quality delivery of the abovementioned outputs as assessed by IES (in line with UNODC norms, standards, guidelines and templates as well as UNEG Standards and Norms).

### 7. Qualifications/expertise sought (required educational background, years of relevant work experience, other special skills or knowledge required)

- Advanced university degree (Master's degree or equivalent) in medicine, public health, psychology, addiction medicine or related field is required. A first level university degree in similar fields in combination with two additional years of qualifying experience may be accepted in lieu of the advanced university degree;

## Independent Mid-term In-depth Cluster Evaluation of UNODC Work on Drug Dependence and Treatment (Global Programmes GLOJ71, GLOK32, and GLOK42)

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- A minimum of 15 (fifteen) years professional technical experience in drug use disorder treatment and care including in low-and middle-income countries is required;
- Professional technical experience in the field of evaluation or related field, including a track record of conducting various types of evaluation at the international level, preferably with experience in conducting evaluations for the United Nations is desirable;
- Experience in working in a team is required;
- Knowledge and experience of the UN System and in particular of UNODC is desirable;
- Knowledge of quantitative and qualitative methods is desirable;
- Experience in gender sensitive evaluation methodologies and analysis, and understanding of Human Rights and ethical issues in relation to evaluation is desirable;
- Experience in presenting and communicating complex evaluation or research results in a structured manner (in reports, briefs, presentations, etc.) is desirable;
- English and French are the working languages of the United Nations Secretariat. For this post, fluency in oral and written English is required. Knowledge of another official United Nations language is an advantage.

|                                     |  |
|-------------------------------------|--|
| <b>Title:</b>                       | Consultant (Methodology Design Expert)   |
| <b>Organizational Section/Unit:</b> | Independent Evaluation Section (IES)   |
| <b>Name and title Supervisor:</b>   | Katharina Kayser, Chief, IES or Katherine Aston, Deputy Chief, IES                       |
| <b>Duty Station or home-based:</b>  | Home-based/with potential travel to be determined based on health and safety regulations |
| <b>Proposed period:</b>             | From 01.04.2021 to 30.09.2021  |
| <b>Actual work time:</b>            | 16 days  |
| <b>Fee Range:</b>                   | C  |

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### 1. Background of the assignment:

The UNODC-WHO Programme on Drug Dependence Treatment and Care, GLOK32 was officially launched as a flagship programme during the High-level Segment of the 52nd Commission on Narcotic Drugs (2009) and is being jointly implemented with WHO. Given the complementary mandates of the two organizations, the programme brings together UNODC and WHO under one single collaborative platform.

UNODC and WHO both have constitutional mandates to address issues presented by drug use and dependence. Moreover, taking into account the health, socio-economic and security implications of drug use and related disorders, the two agencies are uniquely positioned to lead this initiative. In particular, it will open a dialogue with Member States and involve a varied group of government ministries such as those for health, welfare, as well as the criminal justice system and other relevant sectors.

The OFID-UNODC Programme to prevent HIV/AIDS through Treatnet Phase II, GLOJ71 (2008-ongoing) is a follow-up programme to Treatnet Phase I, GLOH43 (2005-2009). The overall goal of this programme is to increase access to drug treatment for all those in need, with a special focus on the prevention and treatment of HIV and AIDS.

To date the programme has been active in five (5) geographic regions world-wide and has contributed to increase both the availability and quality of services for people affected by drug use disorders. In addition, it

## Independent Mid-term In-depth Cluster Evaluation of UNODC Work on Drug Dependence and Treatment (Global Programmes GLOJ71, GLOK32, and GLOK42)

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has contributed to reduce or halt the HIV/AIDS epidemic and has helped to improve the well-being and social integration of programme beneficiaries.

The main purpose of UNODC programme GLOK42 is to promote a worldwide coordinated response of public institutions and NGOs to children and adolescents at risk and/or those affected by drug use dependence and its health and social consequences, with the aim of preventing drug use, treating drug dependence and facilitating their integration into society.

The programme's main strategy consists of a large scale mobilization, including the involvement of civil society, academics, media and high ranking personalities to call for immediate action to improve the living condition of children worldwide, reduce the risks of developing drug use disorders and provide appropriate treatment strategies tailored to respond to the specific needs of this age group. Likewise, the programme will implement evidence-based drug treatment and social reintegration projects among children and adolescents starting in Afghanistan where funds have been secured.

### **2. Purpose of the assignment:**

This mid-term in-depth cluster evaluation will evaluate how the three Global Programmes have contributed to the implementation of the work of PTRS and supports the UNODC Strategic Framework sub-programme on Countering the World Drug Problem. All programmes that are being evaluated in this ToR aim at enhancing treatment and care services in the programme countries.

The evaluation will assess the benefits/ added value and challenges at the various levels of programming when implementing evidence-based drug use disorder treatment and care programmes at the national, regional and global levels by analysing their individual and collective impact, relevance, efficiency, effectiveness and sustainability, and will then derive recommendations and lessons learned from the programmes and identify areas of improvement. Additionally, UNODC is interested in assessing the contributions and efforts related to coherence, Gender Equality, Human Rights and Leave No One Behind.

The purpose of the in-depth cluster evaluation is to:

- Identify the existing footprint of evidence-based drug use disorder treatment programmes (GLOK32, GLOJ71, GLOK42) efforts undertaken by UNODC and the strengths that should be further promoted and moved forward in line with the 2020 International Standards for the Treatment of Drug Use Disorders;
- Assess how UNODC's global programmes have contributed to implement the mandates given to UNODC by its governing bodies, especially the Commission on Narcotic Drugs as well as the General Assembly of the United Nations (UNGASS 2016);
- Assess the work of the programmes on capacity development of national counterparts and sustainability of such interventions;
- Contribute to organisational learning by identifying the strengths and weaknesses of the respective programmes.

### **3. Specific tasks to be performed by the Methodology Design Expert:**

Under the guidance and supervision of the Chief or the Deputy Chief of the UNODC Independent Evaluation Section at Headquarters (Vienna, Austria), the key responsibilities of the Methodology Design Expert include:

## Independent Mid-term In-depth Cluster Evaluation of UNODC Work on Drug Dependence and Treatment (Global Programmes GLOJ71, GLOK32, and GLOK42)

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- Contribute to the development of the evaluation design with detailed method, tools and techniques that are adapted to crisis/emergency/fragile settings, in line with UNODC's guidance for planning and undertaking evaluations in UNODC during the Covid-19 Pandemic and other crisis; as well as gender- and Human Rights- inclusive and sensitive, generating information from and about men, women and other marginalized groups;
- Draft inputs to the inception report (with the evaluation design and the detailed methods, tools and techniques), the draft and final evaluation report, as well as the Evaluation Brief and the final presentation;
- Provide feedback/guidance based upon comments received from the various consultative processes (IES, Programme Management and Core Learning Partners);
- Adhere to the United Nations Evaluation Group (UNEG) Norms and Standards, UNODC evaluation norms, standards, guidelines and templates and the full evaluation terms of Reference (ToR);
- Ensure that all deliverables mentioned in these terms of reference are submitted in a timely and satisfactory manner.

#### **4. Expected tangible and measurable output(s)/deliverable(s):**

The Methodology Design Expert is responsible for the quality and timely submission of his/her specific deliverables, as specified below. All products should be well written in English and have a clear, transparent and verifiable analysis process. The evaluation team will report exclusively to the Chief or the Deputy Chief of the UNODC Independent Evaluation Section (IES).

The Methodology Design Expert will interact with the Substantive Expert and with Evaluation Expert and IES throughout the entire evaluation process, providing drafted inputs (and revisions of such) to the Evaluation Expert for all deliverables. The Methodology Design Expert is responsible for the following deliverables:

- Contribute to the development of the inception report in line with UNODC evaluation norms, standards, guidelines and templates. This includes analyzing desk review materials (all desk review materials to be stored on-line with access to the entire evaluation team and, upon request to IES), refining evaluation questions, and developing/adapting data collection instruments, with a focus on adapting the evaluation methodology and data collection instruments (survey questionnaires, focus group/interview guides...) to the Covid-19 emergency context. The Methodology Design Expert will contribute to stakeholders' analysis, sampling strategy, evaluation matrix and limitations to the evaluation, and to the evaluation work plan so as to ensure that the selection of respondents be inclusive, and that Gender Equality and Human Rights issues be mainstreamed throughout the evaluation process;
- Collaborate with the Evaluation Expert and with the Substantive Expert for draft inputs to the analysis to inclusiveness and gender and Human Rights mainstreaming throughout the evaluation process;
- Provide feedback and guidance as needed to the Evaluation Expert and to the Substantive Expert during the data collection to ensure the adaptation and implementation of data collection instruments to the Covid-19 emergency context. In case of participation in interviews/focus group sessions, transcripts to be stored on-line with access to the entire evaluation team, and upon request to IES;
- Contribute to the submission to IES of final data collection tools (survey questionnaires, interview guides, stakeholders list and interview schedules) for clearance;

## Independent Mid-term In-depth Cluster Evaluation of UNODC Work on Drug Dependence and Treatment (Global Programmes GLOJ71, GLOK32, and GLOK42)

- Provide feedback and guidance as needed to the Evaluation Expert and to the Substantive Expert in relation with the integration of Gender Equality and Human Rights aspects at the data analysis and evaluation report drafting stages;
- Contribute to the revision of the Draft and Final Evaluation Reports. Provide guidance and feedback to all deliverables in relation to the adaptation to the Covid-19 context; as well as to ensure that inclusiveness and Gender Equality and human right considerations are addressed as appropriate, based upon comments received from the various consultative processes.

According to UNODC rules and UNEG Norms and Standards, the Methodology Design Expert shall not have had any responsibility for the design, implementation or supervision of any of the projects, programs or policies that they are evaluating.

The UNODC Independent Evaluation Section is the sole clearing entity for all evaluation deliverables and products.

The Methodology Design Expert shall respect the UNEG Ethical Guidelines.

### 5. Dates and details of deliverables/payments:

| Deliverable | Output           | Working Days | To be accomplished by (dd/mm/yy) |
|-------------|------------------|--------------|----------------------------------|
| 1.          | Inception Report | <b>10</b>    | 13.05.2021                       |
| 2.          | Data Collection  | <b>2</b>     | 31.07.2021                       |
| 3.          | Draft Report     | <b>4</b>     | 27.08.2021                       |
|             | TOTAL            | <b>16</b>    |                                  |

Payments will be made upon satisfactory completion and submission of outputs/deliverables as assessed by IES. Programme Management is requested to release all payments only after IES clearance.

### 6. Indicators to evaluate the Methodology Design Expert' performance

Timely, satisfactory and high-quality delivery of the abovementioned outputs as assessed by IES (in line with UNODC norms, standards, guidelines and templates as well as UNEG Standards and Norms).

### 7. Qualifications/expertise sought (required educational background, years of relevant work experience, other special skills or knowledge required)

- Evaluation methodology, i.e., mixed methods; experience working in crisis/emergency/fragile settings; knowledge of gender/human right- sensitive evaluations. Knowledge of drug demand reduction/treatment and rehabilitation is desirable. Fluency in English is required (French or Spanish is desirable).

## Independent Mid-term In-depth Cluster Evaluation of UNODC Work on Drug Dependence and Treatment (Global Programmes GLOJ71, GLOK32, and GLOK42)

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- Advanced university degree (Master's degree or equivalent) in political science, sociology, criminology, law or related field is required. A first level university degree (Bachelor's degree or equivalent) in similar fields in combination with two additional years of qualifying experience may be accepted in lieu of the advanced university degree. Formal training/education on evaluation methodologies and principles are an asset.
- A minimum of 7 (seven) years professional technical experience in in the field of evaluation or related field, including a track record of conducting various types of evaluation at the international level is required;
- Knowledge of quantitative and qualitative methods and/or mixed methods is required;
- Experience working in crisis/emergency/fragile settings is required;
- Knowledge and experience of the UN System and in particular of UNODC is desirable;
- Knowledge of gender sensitive evaluation methodologies and analysis, and understanding of Human Rights and ethical issues in relation to evaluation is desirable;
- Knowledge of drug demand reduction/treatment and rehabilitation is desirable;
- Experience in presenting and communicating complex evaluation or research results in a structured manner (in reports, briefs, presentations, etc.) is required;
- English and French are the working languages of the United Nations Secretariat. For this post, fluency in oral and written English is required. Knowledge of another United Nations language is an advantage.

## ANNEX II: EVALUATION TOOLS: QUESTIONNAIRES AND INTERVIEW GUIDES

### **This section includes:**

1. Detailed instructions for the survey for CLP and non-CLPs stakeholders (Donors, Key UN Agencies, Recipient States, Beneficiaries, NGOs, and academics)
2. General interview guides for each group of stakeholders (CLPs and non-CLPs)
3. SWOT Template

The interview guides are not intended to be used in a mechanical way. The goal is to provide a menu of ideas for the interviewers to choose from. The time and dynamics of the interviews may not allow the inclusion of the full list of sub-questions. It is anticipated that the interviewers will adapt and allow for a natural flow of the conversations with interviewees. The interviewers will use some of the sub-questions as reminders to get more detail if the interviewees have not explained that aspect. The interviewers will collect information on the participant's name, age, gender, and position (if relevant), including date and category of the stakeholder.

### **Online survey/questionnaire**

Q1.1 Dear participant,

You were randomly selected by UNODC evaluators to take part in the evaluation of the PTRS portfolio of drug use disorder treatment and care programmes (GLOJ71, GLOK42, GLOK32) being conducted by three external independent evaluators, Dr Marie Claire Van Hout (lead evaluator), Mr David Macdonald (substantive expert), and Dr Sandra Ayoo (Methodology Design Expert). This formative study is assessing how the three Global Programmes have contributed to the implementation of the work of PTRS and supports the UNODC Strategic Framework sub-programme on Countering the World Drug Problem. This information will be beneficial to UNODC and WHO in strengthening the programmes and to provide strategic direction for the PTRS cluster.

You will be presented with questions about the impact, relevance, efficiency, effectiveness and sustainability of the programmes, and efforts related to coherence, Gender Equality, Human Rights and Leave No One Behind. Please select the response that best reflects your experiences or insights of the PTRS programmes. If you have no experience related to a particular question, please select "Not Applicable" or "I don't know." Your participation in this study is completely voluntary. There are no known risks involved in taking part in this survey. There are no personal benefits. You have the right to withdraw at any point during the study, for any reason, and without any prejudice. If you desire to withdraw, simply close your Internet browser.

This survey will close at midnight on August 22, 2021. Because your response is so important, I may send reminders after a few days if we haven't received your reply. Please do not hesitate to contact the evaluation methodologist at [sandra.ayoo@un.org](mailto:sandra.ayoo@un.org) or my colleagues at

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marie.vanhout@un.org, david.macdonald@un.org or Carlos Asenjo, IES Evaluation Officer at carlos.asenjuiz@un.org with questions or concerns about this study.

Sincerely,

Sandra Ayoo, Marie Claire Van Hout, and David Macdonald

Independent evaluation consultants

Q1.2 I have read and understood the consent letter and desire of my own free will to participate in this evaluation study.

Yes

No

Q2.1 How relevant, if at all, are the following outcomes of UNODC PTRS's portfolio on drug use disorder treatment and care programmes to the implementation of the Sustainable Development Goals?

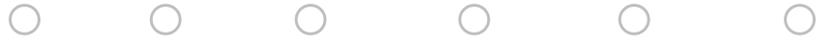
Independent Mid-term In-depth Cluster Evaluation of UNODC Work on Drug Dependence and Treatment (Global Programmes GLOJ71, GLOK32, and GLOK42)

|   | Not at all relevant   | Slightly relevant     | Somewhat relevant     | Moderately relevant   | Extremely relevant    | I don't know          |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Mobilization of the international community to take effective action in support of science- and Human Rights- based drug dependence treatment and care.   | <input type="radio"/> |
| Increased cooperation and exchange of experience at regional level for effective development of methodologies of practice and knowledge in support of Human Rights and science-based drug dependence treatment and care.  | <input type="radio"/> |
| Improved and expanded drug dependence treatment and care services to address drug use disorders.  | <input type="radio"/> |
| Effective drug dependence treatment and care through enhanced health care response to address problems due to the use of drugs.   | <input type="radio"/> |
| Mobilization of international community (governments, policy makers, parliamentarians and other key stakeholders) to start large-scale urgent processes to develop effective prevention, treatment and health/social protection systems targeting children and adolescents at risk of drug use. | <input type="radio"/> |

Independent Mid-term In-depth Cluster Evaluation of UNODC Work on Drug Dependence and Treatment (Global Programmes GLOJ71, GLOK32, and GLOK42)

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Increased access to drug prevention, drug dependence treatment and social support measures for children/adolescents at risk of developing drug use disorders and/or those affected by drug dependence and its health and social consequences, in participating countries.



Enhanced capacity for increased access to quality, affordable drug dependence treatment services through coordinated action of UNODC and a range of national and international partners.



Q2.2 How relevant, if at all, are the following outcomes of UNODC PTRS's portfolio of drug use disorder treatment and care programmes to the 2009 Political Declaration and Plan of Action on Drugs?

Independent Mid-term In-depth Cluster Evaluation of UNODC Work on Drug Dependence and Treatment (Global Programmes GLOJ71, GLOK32, and GLOK42)

|  | Not at all relevant   | Slightly relevant     | Somewhat relevant     | Moderately relevant   | Extremely relevant    | I don't know          |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Mobilization of the international community to take effective action in support of science- and Human Rights-based drug dependence treatment and care.   | <input type="radio"/> |
| Increased cooperation and exchange of experience at regional level for effective development of methodologies of practice and knowledge in support of Human Rights and science-based drug dependence treatment and care. | <input type="radio"/> |
| Improved and expanded drug dependence treatment and care services to address drug use disorders.   | <input type="radio"/> |
| Effective drug dependence treatment and care through enhanced health care response to address problems due to the use of drugs.  | <input type="radio"/> |

Independent Mid-term In-depth Cluster Evaluation of UNODC Work on Drug Dependence and Treatment (Global Programmes GLOJ71, GLOK32, and GLOK42)

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Mobilization of international community (governments, policy makers, parliamentarians and other key stakeholders) to start large-scale urgent processes to develop effective prevention, treatment and health/social protection systems targeting children and adolescents at risk of drug use.



Increased access to drug prevention, drug dependence treatment and social support measures for children/adolescents at risk of developing drug use disorders and/or those affected by drug dependence and its health and social consequences, in participating countries.



Independent Mid-term In-depth Cluster Evaluation of UNODC Work on Drug Dependence and Treatment (Global Programmes GLOJ71, GLOK32, and GLOK42)

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Enhanced capacity for increased access to quality, affordable drug dependence treatment services through coordinated action of UNODC and a range of national and international partners.



Q2.3 How relevant, if at all, are the following outcomes of UNODC PTRS's portfolio of drug use disorder treatment and care programmes to UNGASS 2016 Special Session on the World Drug Problem?

Independent Mid-term In-depth Cluster Evaluation of UNODC Work on Drug Dependence and Treatment (Global Programmes GLOJ71, GLOK32, and GLOK42)

|  | Not at all relevant   | Slightly relevant     | Somewhat relevant     | Moderately relevant   | Extremely relevant    | I don't know          |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Mobilization of the international community to take effective action in support of science- and Human Rights-based drug dependence treatment and care.   | <input type="radio"/> |
| Increased cooperation and exchange of experience at regional level for effective development of methodologies of practice and knowledge in support of Human Rights and science-based drug dependence treatment and care. | <input type="radio"/> |
| Improved and expanded drug dependence treatment and care services to address drug use disorders.   | <input type="radio"/> |
| Effective drug dependence treatment and care through enhanced health care response to address problems due to the use of drugs.  | <input type="radio"/> |

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Mobilization of international community (governments, policy makers, parliamentarians and other key stakeholders) to start large-scale urgent processes to develop effective prevention, treatment and health/social protection systems targeting children and adolescents at risk of drug use.



Increased access to drug prevention, drug dependence treatment and social support measures for children/adolescents at risk of developing drug use disorders and/or those affected by drug dependence and its health and social consequences, in participating countries.



Independent Mid-term In-depth Cluster Evaluation of UNODC Work on Drug Dependence and Treatment (Global Programmes GLOJ71, GLOK32, and GLOK42)

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Enhanced capacity for increased access to quality, affordable drug dependence treatment services through coordinated action of UNODC and a range of national and international partners.



Q2.4 How relevant, if at all, are the following outcomes of UNODC PTRS's portfolio of drug use disorder treatment and care programmes to CND Ministerial declaration 2019, CND resolutions?

Independent Mid-term In-depth Cluster Evaluation of UNODC Work on Drug Dependence and Treatment (Global Programmes GLOJ71, GLOK32, and GLOK42)

|  | Not at all relevant   | Slightly relevant     | Somewhat relevant     | Moderately relevant   | Extremely relevant    | I don't know          |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Mobilization of the international community to take effective action in support of science- and Human Rights-based drug dependence treatment and care.   | <input type="radio"/> |
| Increased cooperation and exchange of experience at regional level for effective development of methodologies of practice and knowledge in support of Human Rights and science-based drug dependence treatment and care. | <input type="radio"/> |
| Improved and expanded drug dependence treatment and care services to address drug use disorders.   | <input type="radio"/> |
| Effective drug dependence treatment and care through enhanced health care response to address problems due to the use of drugs.  | <input type="radio"/> |

Independent Mid-term In-depth Cluster Evaluation of UNODC Work on Drug Dependence and Treatment (Global Programmes GLOJ71, GLOK32, and GLOK42)

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Mobilization of international community (governments, policy makers, parliamentarians and other key stakeholders) to start large-scale urgent processes to develop effective prevention, treatment and health/social protection systems targeting children and adolescents at risk of drug use.



Increased access to drug prevention, drug dependence treatment and social support measures for children/adolescents at risk of developing drug use disorders and/or those affected by drug dependence and its health and social consequences, in participating countries.



Independent Mid-term In-depth Cluster Evaluation of UNODC Work on Drug Dependence and Treatment (Global Programmes GLOJ71, GLOK32, and GLOK42)

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Enhanced capacity for increased access to quality, affordable drug dependence treatment services through coordinated action of UNODC and a range of national and international partners.



Q2.5 How relevant, if at all, are the outcomes of UNODC PTRS's portfolio of drug use disorder treatment and care programmes to the UNODC Strategy 2021-2025?

Independent Mid-term In-depth Cluster Evaluation of UNODC Work on Drug Dependence and Treatment (Global Programmes GLOJ71, GLOK32, and GLOK42)

|  | Not at all relevant   | Slightly relevant     | Somewhat relevant     | Moderately relevant   | Extremely relevant    | I don't know          |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Mobilization of the international community to take effective action in support of science- and Human Rights-based drug dependence treatment and care.   | <input type="radio"/> |
| Increased cooperation and exchange of experience at regional level for effective development of methodologies of practice and knowledge in support of Human Rights and science-based drug dependence treatment and care. | <input type="radio"/> |
| Improved and expanded drug dependence treatment and care services to address drug use disorders.   | <input type="radio"/> |
| Effective drug dependence treatment and care through enhanced health care response to address problems due to the use of drugs.  | <input type="radio"/> |

Independent Mid-term In-depth Cluster Evaluation of UNODC Work on Drug Dependence and Treatment (Global Programmes GLOJ71, GLOK32, and GLOK42)

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Mobilization of international community (governments, policy makers, parliamentarians and other key stakeholders) to start large-scale urgent processes to develop effective prevention, treatment and health/social protection systems targeting children and adolescents at risk of drug use.



Increased access to drug prevention, drug dependence treatment and social support measures for children/adolescents at risk of developing drug use disorders and/or those affected by drug dependence and its health and social consequences, in participating countries.



Independent Mid-term In-depth Cluster Evaluation of UNODC Work on Drug Dependence and Treatment (Global Programmes GLOJ71, GLOK32, and GLOK42)

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Enhanced capacity for increased access to quality, affordable drug dependence treatment services through coordinated action of UNODC and a range of national and international partners.



Q2.6 How appropriate, if at all, are the designs of GLOJ71, GLOK42, GLOK32 linked to the messaging of the WHO/UNODC International Standards for the Treatment of Drug Use Disorders (2020)?

- Not at all appropriate
- Slightly appropriate
- Somewhat appropriate
- Moderately appropriate
- Extremely appropriate

Independent Mid-term In-depth Cluster Evaluation of UNODC Work on Drug Dependence and Treatment (Global Programmes GLOJ71, GLOK32, and GLOK42)

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Q2.7 How would you rate your participation in identifying the specific aspects and context of your country or region in the design of the PTRS portfolio of drug use disorder treatment and care programmes (GLOJ71, GLOK42, GLOK32)?

|   | No, and not considered | No, but considered    | Yes, I participated   |
|---|------------------------|-----------------------|-----------------------|
| Conducting needs assessments to identify target country needs and priorities in the design of GLOJ71, GLOK42, GLOK32. | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> |
| Holding consultations with target group members to include their needs in the design of GLOJ71, GLOK42, GLOK32.       | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> |
| Aligning the national policies and priorities on drug use disorder treatment and care with GLOJ71, GLOK42, GLOK3.     | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> |

Independent Mid-term In-depth Cluster Evaluation of UNODC Work on Drug Dependence and Treatment (Global Programmes GLOJ71, GLOK32, and GLOK42)

Q2.8 How suitable, if at all, are the outcomes of UNODC PTRS's portfolio of drug use disorder treatment and care programmes (GLOJ71, GLOK42, GLOK32) to the following specific aspects of target countries and regions?

|  | Not at all suitable   | Slightly suitable     | Somewhat suitable     | Moderately suitable   | Extremely suitable    | I don't know          |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| The needs of the target countries and regions on drug use disorder treatment and care      | <input type="radio"/> |
| The priorities of the target countries and regions on drug use disorder treatment and care | <input type="radio"/> |
| The national development goals   | <input type="radio"/> |

Q3.1 How efficient are UNODC's processes and procedures in facilitating programme implementation?

|                          | Not at all efficient  | Slightly efficient    | Somewhat efficient    | Moderately efficient  | Extremely efficient   | Not applicable        |
|--------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Procurement of equipment | <input type="radio"/> |
| Delivery of training     | <input type="radio"/> |
| Technical assistance     | <input type="radio"/> |

Independent Mid-term In-depth Cluster Evaluation of UNODC Work on Drug Dependence and Treatment (Global Programmes GLOJ71, GLOK32, and GLOK42)

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Q3.2 To what extent is the PTRS programmes financial systems efficient in enabling timely flow of resources to support implementation of planned activities?

- Not at all efficient
- Slightly efficient
- Moderately efficient
- Very efficient
- Extremely efficient

Q4.1 How satisfied are you, if at all, with the contribution of UNODC PTRS programmes (GLOJ71, GLOK42, GLOK32) to your country's policies on drug use disorder treatment and care services?

Independent Mid-term In-depth Cluster Evaluation of UNODC Work on Drug Dependence and Treatment (Global Programmes GLOJ71, GLOK32, and GLOK42)

|   | Not at all satisfied  | Slightly satisfied    | Somewhat satisfied    | Moderately satisfied  | Extremely satisfied   | Not applicable        |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Advocacy, policy materials and technical tools (guidelines and standards)                   | <input type="radio"/> |
| Evidence-based approaches including project monitoring strategy (tools and monitoring plan) | <input type="radio"/> |
| Policy development support initiatives at national level                                    | <input type="radio"/> |
| Drug use disorder treatment and care services   | <input type="radio"/> |
| Science-based approach for treatment of drug use disorders                                  | <input type="radio"/> |

Independent Mid-term In-depth Cluster Evaluation of UNODC Work on Drug Dependence and Treatment (Global Programmes GLOJ71, GLOK32, and GLOK42)

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Q4.2 How often do you participate in the design of the monitoring systems as well as in the collection and analysis of the data, and the dissemination of the results of PTRS programmes (GLOJ71, GLOK42, GLOK32)?

- Never
- Rarely
- Occasionally
- A moderate amount
- A great deal

Q4.3 What is your level of satisfaction with the use of monitoring results to inform strategic programme decisions to steer programme implementation?

- Not at all satisfied
- Slightly satisfied
- Moderately satisfied
- Very satisfied
- Extremely satisfied

Independent Mid-term In-depth Cluster Evaluation of UNODC Work on Drug Dependence and Treatment (Global Programmes GLOJ71, GLOK32, and GLOK42)

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Q4.4 How strongly do you agree or disagree that the three Global Programmes have contributed to increased provision of UNODC technical expertise in drug use disorders and support drug use disorder treatment and care?

- Strongly disagree
- Disagree
- Somewhat disagree
- Somewhat agree
- Agree
- Strongly agree

Q5.1 How strongly do you agree or disagree that the enabling environment to support drug use disorders treatment interventions is likely to continue when funding support stops?

- Strongly disagree
- Disagree
- Somewhat disagree
- Somewhat agree
- Agree
- Strongly agree

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Q5.2 How strongly do you agree or disagree that the institutional capacity of national counterparts is likely to continue when funding support from UNODC stops?

- Strongly disagree
- Disagree
- Somewhat disagree
- Somewhat agree
- Agree
- Strongly disagree

Q5.3 How strong or not is the political will from Member States to follow-through the financial support for the programme activities when donor funding from UNODC stops?

- Not at all strong
- Slightly strong
- Moderately strong
- Very strong
- Extremely strong

Independent Mid-term In-depth Cluster Evaluation of UNODC Work on Drug Dependence and Treatment (Global Programmes GLOJ71, GLOK32, and GLOK42)

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Q5.4 How strongly do you agree or disagree that the PTRS programmes are building institutional capacity to integrate programming into established national systems for treatment of drug use disorders?

- Strongly disagree
- Disagree
- Somewhat disagree
- Somewhat agree
- Agree
- Strongly agree
- Not applicable

Q5.5 To what extent does your government prioritise dedicated budget lines for drug use disorder treatment and care services within the national and sub-national budgets?

- Not a priority
- Low priority
- Medium priority
- High priority
- Essential priority
- Not applicable

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Q5.6 How strongly do you agree or disagree that PTRS programmes are designed in consultation with national stakeholders including government ministries?

- Strongly disagree
- Disagree
- Somewhat disagree
- Somewhat agree
- Agree
- Strongly agree
- Not applicable

Q5.7 How strongly do you agree or disagree that interest around drug use disorder treatment and care services generated by the PTRS programmes at the global level is leading to more sustainable donor funding?

- Strongly disagree
- Disagree
- Somewhat disagree
- Somewhat agree
- Agree
- Strongly disagree

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Q6.1 How satisfied are you, if at all, with the coordination between UNODC, WHO, national authorities, and programme partners in facilitating agencies to leverage their relative strengths for more effective programme implementation?

- Not at all satisfied
- Slightly satisfied
- Moderately satisfied
- Very satisfied
- Extremely satisfied

Q6.2 How satisfied are you, if at all, with the extent to which UNODC strengthened existing partnerships at national, regional, and global levels?

- Not at all satisfied
- Slightly satisfied
- Moderately satisfied
- Very satisfied
- Extremely satisfied

Q6.3 How satisfied are you, if at all, with the extent to which UNODC developed new partnerships at national, regional, and global levels?

- Not at all satisfied
- Slightly satisfied
- Moderately satisfied
- Very satisfied
- Extremely satisfied

Q6.4 How often do you contribute information to the overall work of PTRS in ensuring effective drug use disorder treatment and care services, if at all?

- Never
- Rarely
- Sometimes
- Often
- Always

Q6.5 How satisfied are you, if at all, with the oversight by the Technical Advisory Group in creating synergies with existing initiatives of UNODC at the headquarters, regional and national levels?

- Not at all satisfied
- Slightly satisfied
- Moderately satisfied
- Very satisfied
- Extremely satisfied

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Q6.6 How often do you participate in UN system-wide coordination mechanisms (e.g., participation in UN Country Team), if at all?

- Never
- Rarely
- Sometimes
- Often
- Always
- Not applicable

Q7.1 To what extent do you agree or disagree that the PTRS programmes are addressing child rights in the design and implementation of the programmes?

- Strongly disagree
- Disagree
- Somewhat disagree
- Somewhat agree
- Agree
- Strongly agree

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Q7.2 To what extent do you agree or disagree that the PTRS programmes considered inclusion of marginalized groups, including disabled people in the design and implementation of the programmes?

- Strongly disagree
- Disagree
- Somewhat disagree
- Somewhat agree
- Agree
- Strongly agree

Q8.1 You have reached the end of the survey. If you would like to clarify any of your responses or give feedback on any of the questions, please share below. Please refer to each question by number.

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## SEMI-STRUCTURED INTERVIEW GUIDES

### A. Questions for the UNODC HQ (including projects) staff:

Hello.

Thank you so much for accepting to speak with me today. My name is \_\_\_\_\_. I am part of an evaluation team contracted by UNODC to evaluate three UNODC Global Programmes (GLOK32, GLOK42 and GLOJ71) that you are a part of. The evaluation is being carried out by a team of three external independent evaluators, Dr Marie Claire Van Hout (Lead Evaluator), Mr David Macdonald (Substantive Expert) and Dr Sandra Ayoo (Methodology Design Expert). We know you are busy and appreciate that you are still willing to meet with me.

The purpose of this evaluation is for us to learn from you and to give advice to UNODC about the interventions on drug use disorder treatment and care services. You were selected to provide the necessary information for this evaluation, and we truly value your participation. We are interviewing other stakeholders like you in Africa, Latin America and the Caribbean, Asia and South and East Europe to learn from them too. The evaluation will identify the existing footprint of evidence-based drug use disorder treatment programmes (GLOK32, GLOJ71, GLOK42) efforts undertaken by UNODC and the strengths that should be further promoted and moved forward in line with the [WHO/UNODC International Standards for the Treatment of Drug Use Disorders](#) (the Standards, 2020).

I will be asking you some questions about your opinions and experiences with these global programmes. I will be taking notes as we talk. I hope it is okay for me to audio-record our conversation so that I can be sure to capture everything you say. Please feel free to let me know if you do not want to be audio-recorded. Be rest assured that all the information you provide today will be treated confidentially. The data will be reported only in an aggregated form. We will not disclose your identity to anyone, nor shall we report your names in the report. The interview will last for about 60-90 minutes. Do you have any question or concerns about what we are going to do here today?

Do you agree to participate in the study?

Thank you for your willingness to participate in the evaluation. I will now ask you questions we prepared for this evaluation. Let us get started.

1. Please tell me your name and your role in UNODC.
2. How long have you worked at UNODC?
3. How would you describe the PTRS drug use disorder treatment programmes (GLOK32, GLOJ71, GLOK42)?
  - How did these programmes evolve overtime in response to changing trends and needs?
  - What are the core design components of GLOJ71, GLOK42, GLOK32 in relation to the principles of the WHO- UNODC International Standards for the Treatment of Drug Use Disorders (2020)? (**Probe** each programme separately)
  - In what ways are the design components of the programmes aligned with the messaging of

## Independent Mid-term In-depth Cluster Evaluation of UNODC Work on Drug Dependence and Treatment (Global Programmes GLOJ71, GLOK32, and GLOK42)

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- the WHO- UNODC International Standards for the Treatment of Drug Use Disorders (2020)?
- In what ways are the outcomes of GLOJ71, GLOK42, GLOK32 linked to the SDGs and other policy documents? (**Probe** for the relevant targets and indicators and linkage with the 2009 Political Declaration and Plan of Action on Drugs; UNGASS 2016 Special Session on the World Drug Problem; CND Ministerial declaration 2019, and CND resolutions).
  - Looking back with hindsight, how were duty bearers (government representatives) and rights holders involved in the design and implementation of the PTRS programmes? (**Probe** for the use of rights-based framework, and/or CRC, and/or CCC, and/or CEDAW and/or other rights related benchmarks).
4. How has the context changed since the launch of the Programmes till now?
    - How adaptive and flexible are the PTRS programmes to the changing and emerging global, regional, and national changes in priorities of Member States? (Probe for risk management strategies, impact of Covid-19)
    - In what ways has the International Standards on Drug Use Prevention / Treatment of Drug Dependence evolved overtime in response to changing trends and needs?
  5. What has your experience been with the PTRS programmes? Positive? Negative?
    - What aspects of the PTRS programmes are operating or not operating efficiently? (Probe for funds, staff time, expertise, funding gaps, etc.)
    - What factors have promoted or hindered the implementation of UNODC PTRS programmes? (Probe for procurement of equipment, delivery of trainings, etc.)
  6. Have you worked directly with any governments targeted by the PTRS programmes?
    - As far as you know, has any problems come up in national ownership of drug use disorder treatment and care services? (Probe the factors that enable or hinder country ownership).
    - In your mind, how cost efficient are the PTRS programmes undertakings in relation to meeting the needs of the targeted countries? Why do you think so?
    - How do you feel UNODC/WHO is leveraging the strengths and capacities of partners for more effective programme implementation? (Probe factors facilitating or hindering leveraging of partnerships).
  7. How do you feel the PTRS programmes could be improved?
    - Probe for improvement in implementation, leveraging partners' strengths and capabilities, mainstreaming Human Rights considerations, and aligning with messaging of the WHO-UNODC International Standards for the Treatment of Drug Use Disorders (2020).
    - What suggestions do you have to make further similar initiatives more effective?
  8. What are the best practices and approaches in terms of implementing the PTRS Programmes (GLOK32, GLOK42, GLOJ71)?
    - What would you leave the same if you were to implement the programmes on a larger scale and in other regions and countries? Why?
    - What lessons have you learned from the implementation of the PTRS Programmes (GLOK32, GLOK42, GLOJ71)?
    - To what extent is this model based on public health, Human Rights and integration principles as outlined in UNODC and WHO documents applicable to other countries and regions?
  9. In what ways, if at all, have the PTRS programmes contributed to the work of UNODC? (**Probe** for examples of contributions).
  10. Is there anything else you would like to share about the PTRS programmes?

Thank you very much for your time.

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### B. Questions for UNODC field representatives

Hello.

Thank you so much for accepting to speak with me today. My name is \_\_\_\_\_. I am part of an evaluation team contracted by UNODC to evaluate three UNODC Global Programmes (GLOK32, GLOK42 and GLOJ71) that you are a part of. The evaluation is being carried out by a team of three external independent evaluators, Dr Marie Claire Van Hout (Lead Evaluator), Mr David Macdonald (Substantive Expert) and Dr Sandra Ayoo (Methodology Design Expert). We know you are busy and appreciate that you are still willing to meet with me.

The purpose of this evaluation is for us to learn from you and to give advice to UNODC about the interventions on drug use disorder treatment and care services. You were selected to provide the necessary information for this evaluation, and we truly value your participation. We are interviewing other stakeholders like you in Africa, Latin America and the Caribbean, Asia and South and East Europe to learn from them too. The evaluation will identify the existing footprint of evidence-based drug use disorder treatment programmes (GLOK32, GLOJ71, GLOK42) efforts undertaken by UNODC and the strengths that should be further promoted and moved forward in line with the WHO/UNODC International Standards for the Treatment of Drug Use Disorders (the Standards, 2020).

I will be asking you some questions about your opinions and experiences with these global programmes. I will be taking notes as we talk. I hope it is okay for me to audio-record our conversation so that I can be sure to capture everything you say. Please feel free to let me know if you do not want to be audio-recorded. Be rest assured that all the information you provide today will be treated confidentially. The data will be reported only in an aggregated form. We will not disclose your identity to anyone, nor shall we report your names in the report. The interview will last for about 60-90 minutes. Do you have any question or concerns about what we are going to do here today?

Do you agree to participate in the study?

Thank you for your willingness to participate in the evaluation. I will now ask you questions we prepared for this evaluation. Let us get started.

1. Please tell me your name and your role in UNODC.
2. How long have you worked at UNODC?
3. How would you describe the PTRS drug use disorder treatment programmes (GLOK32, GLOJ71, GLOK42)?
  - Looking back with hindsight, how were duty bearers (government representatives) and right holders involved in the design and implementation of the PTRS programmes? (Probe for the use of rights-based framework, and/or CRC, and/or CCC, and/or CEDAW and/or other rights related benchmarks in the design of PTRS programmes).
  - What measures are you aware of that have been undertaken to mainstream aspects related with the dignity of individuals with disabilities in the drug use disorder treatment and care programming?
  - What evidence could you point to that illustrates Gender Equality and Human Rights considerations are mainstreamed into the PTRS programme?

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- How did these programmes evolve overtime in response to changing trends and needs?
- 4. How has the context changed since the launch of the Programmes till now?
  - What contextual considerations were made about target countries and regions in the design and implementation of GLOJ71, GLOK42, GLOK32? (Probe for the development, implementation, management, coordination, and monitoring of the programmes).
  - In what ways have the priorities and needs of Member States changed over the past years in addressing drug use disorders and support of drug use disorder treatment and care?
  - How adaptive and flexible are the PTRS programmes to the changing and emerging global, regional, and national changes in priorities of Member States? (Probe for risk management strategies, impact of Covid-19)
  - In what ways has the International Standards on Drug Use Prevention / Treatment of Drug Dependence evolved overtime in response to changing trends and needs?
- 5. What has your experience been with the PTRS programmes? Positive? Negative?
  - What aspects of the PTRS programmes are operating or not operating efficiently? (Probe for funds, staff time, expertise, funding gaps, etc.)
  - What factors have promoted or hindered the implementation of UNODC PTRS programmes? (Probe for procurement of equipment, delivery of trainings, etc.)
  - What are some of the key challenges you have seen in mainstreaming Gender Equality and Human Rights considerations in the design and implementation of drug use disorder treatment and care programmes?
- 6. In your opinion, are there indications that the intended outcomes of the PTRS programmes are being realized within each stakeholder group? (Probe for intended and unintended outcomes of the programmes).
  - Can you give me examples of any positive or negative changes for targeted stakeholders as a result of the PTRS programmes (Probe for benefits to stakeholders, institutional capacity, enabling environment such as policies, legal, health)?
  - In your opinion, do you see these changes triggering other impacts of the programmes?
  - What factors present barriers to (or act as facilitators in) realizing the intended outcomes?
- 7. How would you describe your partnership with the governments targeted by the PTRS programmes?
  - In your opinion, how have UNODC PTRS programmes (GLOJ71, GLOK42, GLOK32) contributed to national policies on drug use disorder treatment and care services, if anything? (Probe for evidence-based approaches, changes in policies, changes in treatment and care services).
  - As far as you know, has any problems come up in national ownership of drug use disorder treatment and care services at the national level? (Probe the factors that enable or hinder country ownership).
  - In your mind, how cost efficient are the PTRS programmes undertakings in relation to meeting the needs of the targeted countries? Why do you think so?
  - How do you feel UNODC/WHO is leveraging the strengths and capacities of partners for more effective programme implementation? (Probe factors facilitating or hindering leveraging of partnerships).
- 8. How do you feel the PTRS programmes could be improved?
  - Probe for improvement in implementation, leveraging partners' strengths and capabilities, mainstreaming Human Rights considerations, and aligning with messaging of the WHO/UNODC International Standards for the Treatment of Drug Use Disorders (2020).
  - What suggestions do you have to make further similar initiatives more effective?

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- What needs to be done to overcome factors hindering the continuity of drug use disorder treatment and care services at the national level? By whom?
9. Let's talk about coordination at the national level. How well coordinated and complementary do you feel the PTRS' drug use disorder treatment and care programming is at the national level?
- In what ways is the Technical Advisory Group creating synergies with existing initiatives of UNODC at the HQ, regional and country/national levels? (Probe for provision of technical and administrative guidelines).
  - How are the PTRS programmes contributing to the One UN, UNDAF, and other UN system-wide coordination mechanisms (e.g., participation in UN Country Teams)?
10. What are the best practices and approaches in terms of implementing the PTRS Programmes (GLOK32, GLOK42, GLOJ71)?
- What would you leave the same if you were to implement the programmes on a larger scale and in other regions and countries? Why?
  - What lessons have you learned from the implementation the PTRS Programmes (GLOK32, GLOK42, GLOJ71)?
11. In what ways, if at all, have the PTRS programmes contributed to the work of UNODC? (**Probe** for examples of contributions).
12. Is there anything else you would like to share about the PTRS programmes?

Thank you very much for your time.

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### C. Questions for CLP:

Hello.

Thank you so much for accepting to speak with me today. My name is \_\_\_\_\_. I am part of an evaluation team contracted by UNODC to evaluate three UNODC Global Programmes (GLOK32, GLOK42 and GLOJ71) that you are a part of. The evaluation is being carried out by a team of three external independent evaluators, Dr Marie Claire Van Hout (Lead Evaluator), Mr David Macdonald (Substantive Expert) and Dr Sandra Ayoo (Methodology Design Expert). We know you are busy and appreciate that you are still willing to meet with me.

The purpose of this evaluation is for us to learn from you and to give advice to UNODC about the interventions on drug use disorder treatment and care services. You were selected to provide the necessary information for this evaluation, and we truly value your participation. We are interviewing other stakeholders like you in Africa, Latin America and the Caribbean, Asia and South and East Europe to learn from them too. The evaluation will identify the existing footprint of evidence-based drug use disorder treatment programmes (GLOK32, GLOJ71, GLOK42) efforts undertaken by UNODC and the strengths that should be further promoted and moved forward in line with the [WHO/UNODC International Standards for the Treatment of Drug Use Disorders](#) (the Standards, 2020).

I will be asking you some questions about your opinions and experiences with these global programmes. I will be taking notes as we talk. I hope it is okay for me to audio-record our conversation so that I can be sure to capture everything you say. Please feel free to let me know if you do not want to be audio-recorded. Be rest assured that all the information you provide today will be treated confidentially. The data will be reported only in an aggregated form. We will not disclose your identity to anyone, nor shall we report your names in the report. The interview will last for about 60-90 minutes. Do you have any question or concerns about what we are going to do here today?

Do you agree to participate in the study?

Thank you for your willingness to participate in the evaluation. I will now ask you questions we prepared for this evaluation. Let us get started.

1. Please tell me your name and your role in your organization.
2. How long have you worked at your organization?
3. How would you describe the PTRS drug use disorder treatment programmes (GLOK32, GLOJ71, GLOK42)?
  - How did these programmes evolve overtime in response to changing trends and needs in your country or region?
  - How are the core design components of GLOJ71, GLOK42, GLOK32 related to the principles of the WHO-UNODC International Standards for the Treatment of Drug Use Disorders (2020)? (**Probe** each programme separately)?
  - In what ways are the design components of the programmes aligned with the messaging of the WHO/UNODC International Standards for the Treatment of Drug Use Disorders (2020)?

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- In what ways are the outcomes of GLOJ71, GLOK42, GLOK32 linked to the SDGs and other policy documents? (Probe for the relevant targets and indicators and linkage with the 2009 Political Declaration and Plan of Action on Drugs; UNGASS 2016 Special Session on the World Drug Problem; CND Ministerial declaration 2019, and CND resolutions).
  - Looking back with hindsight, how were duty bearers (government representatives) and rights holders (vulnerable groups) involved or represented in the design and implementation of the PTRS programmes? (Probe for the use of rights-based framework, and/or CRC, and/or CCC, and/or CEDAW and/or other rights related benchmarks).
4. How has the context in your country or region changed since the launch of the PTRS programmes till now?
    - How adaptive and flexible are the PTRS programmes to the changing and emerging global, regional, and national changes in priorities of Member States? (Probe for risk management strategies, impact of Covid-19)
    - In what ways has the International Standards on Drug Use Prevention / Treatment of Drug Dependence evolved overtime in response to these changing trends and needs?
  5. What has your experience been with the PTRS programmes? Positive? Negative?
    - What aspects of the PTRS programmes are operating or not operating efficiently? (Probe for funds, staff time, expertise, funding gaps, organizational structure, increased technical assistance etc.)
    - What factors have promoted or hindered the implementation of UNODC PTRS programmes? (Probe for procurement of equipment, delivery of trainings, etc.)
  6. Please reflect on the implementation of the PTRS programmes, what factors enable or hinder government ownership of the PTRS programmes?
    - In your mind, how cost efficient are the PTRS programmes undertakings in relation to meeting the needs of the targeted countries? Why do you think so?
    - How do you feel UNODC/WHO is leveraging your organization's strengths and capacities for more effective programme implementation? (Probe factors facilitating or hindering leveraging of partnerships).
  7. How do you feel the PTRS programmes could be improved?
    - Probe for improvement in implementation, leveraging partners' strengths and capabilities, mainstreaming Human Rights considerations, and aligning with messaging of the WHO/UNODC International Standards for the Treatment of Drug Use Disorders (2020).
    - What suggestions do you have to make further similar initiatives more effective?
  8. What are the best practices and approaches in terms of implementing the PTRS Programmes (GLOK32, GLOK42, GLOJ71)?
    - What would you leave the same if you were to implement the programmes on a larger scale and in other regions and countries? Why?
    - What lessons have you learned from the implementation of the PTRS Programmes (GLOK32, GLOK42, GLOJ71)?
    - To what extent is this model based on public health, Human Rights and integration principles as outlined in UNODC and WHO documents applicable to other countries and regions?
  9. In what ways, if at all, have the PTRS programmes contributed to the work of UNODC? (**Probe** for examples of contributions).
  10. Is there anything else you would like to share about the PTRS programmes?

Thank you very much for your time.

## Independent Mid-term In-depth Cluster Evaluation of UNODC Work on Drug Dependence and Treatment (Global Programmes GLOJ71, GLOK32, and GLOK42)

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### D. Questions for representatives of donors and partner organizations:

Hello.

Thank you so much for accepting to speak with me today. My name is \_\_\_\_\_. I am part of an evaluation team contracted by UNODC to evaluate three UNODC Global Programmes (GLOK32, GLOK42 and GLOJ71) that you are a part of. The evaluation is being carried out by a team of three external independent evaluators, Dr Marie Claire Van Hout (Lead Evaluator), Mr David Macdonald (Substantive Expert) and Dr Sandra Ayoo (Methodology Design Expert). We know you are busy and appreciate that you are still willing to meet with me.

The purpose of this evaluation is for us to learn from you and to give advice to UNODC about the interventions on drug use disorder treatment and care services. You were selected to provide the necessary information for this evaluation, and we truly value your participation. We are interviewing other stakeholders like you in Africa, Latin America and the Caribbean, Asia and South and East Europe to learn from them too. The evaluation will identify the existing footprint of evidence-based drug use disorder treatment programmes (GLOK32, GLOJ71, GLOK42) efforts undertaken by UNODC and the strengths that should be further promoted and moved forward in line with the [WHO/UNODC International Standards for the Treatment of Drug Use Disorders](#) (the Standards, 2020).

I will be asking you some questions about your opinions and experiences with these global programmes. I will be taking notes as we talk. I hope it is okay for me to audio-record our conversation so that I can be sure to capture everything you say. Please feel free to let me know if you do not want to be audio-recorded. Be rest assured that all the information you provide today will be treated confidentially. The data will be reported only in an aggregated form. We will not disclose your identity to anyone, nor shall we report your name in the report. The interview will last for about 60-90 minutes. Do you have any question or concerns about what we are going to do here today?

Do you agree to participate in the study?

Thank you for your willingness to participate in the evaluation. I will now ask you questions we prepared for this evaluation. Let us get started.

1. Please tell me your name and your role in your organization.
2. How would you describe the nature of your partnership with UNODC PTRS programmes?
3. How has your organization's support for drug use disorder treatment and care programming evolved over the past five years?
4. In what ways are the PTRS programmes meeting your priorities and needs as a funder or as partner?
5. What factors have facilitated or hindered your support of the PTRS programmes? Why so?  
(Probe for impact of Covid-19)
6. In what ways are the PTRS programmes strengthening your partnerships at the national, regional, and global levels (including with UN agencies, CSOs, academia, etc.)?
7. In what ways are the PTRS programmes enabling you to build new partnerships at the national, regional, and global levels (including with UN agencies, CSOs, academia, etc.)?

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8. What factors facilitate or hinder leveraging of the strengths and capacities of your partners for more effective programme implementation?
9. What measures are you aware of that your organization has undertaken to mainstream aspects related with the dignity of individuals with disabilities in the drug use disorder treatment and care programming?
10. What are some of the key challenges you have seen in mainstreaming Gender Equality and Human Rights considerations in the design and implementation of drug use disorder treatment and care programmes?
11. Is there anything else you would like to share about the PTRS programmes?

Thank you very much for your time.

## Independent Mid-term In-depth Cluster Evaluation of UNODC Work on Drug Dependence and Treatment (Global Programmes GLOJ71, GLOK32, and GLOK42)

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### E. Questions for national counterparts

Hello.

Thank you so much for accepting to speak with me today. My name is \_\_\_\_\_. I am part of an evaluation team contracted by UNODC to evaluate three UNODC Global Programmes (GLOK32, GLOK42 and GLOJ71) that you are a part of. The evaluation is being carried out by a team of three external independent evaluators, Dr Marie Claire Van Hout (Lead Evaluator), Mr David Macdonald (Substantive Expert) and Dr Sandra Ayoo (Methodology Design Expert). We know you are busy and appreciate that you are still willing to meet with me.

The purpose of this evaluation is for us to learn from you and to give advice to UNODC about the interventions on drug use disorder treatment and care services. You were selected to provide the necessary information for this evaluation, and we truly value your participation. We are interviewing other stakeholders like you in Africa, Latin America and the Caribbean, Asia and South and East Europe to learn from them too. The evaluation will identify the existing footprint of evidence-based drug use disorder treatment programmes (GLOK32, GLOJ71, GLOK42) efforts undertaken by UNODC and the strengths that should be further promoted and moved forward in line with the [WHO/UNODC International Standards for the Treatment of Drug Use Disorders](#) (the Standards, 2020).

I will be asking you some questions about your opinions and experiences with these global programmes. I will be taking notes as we talk. I hope it is okay for me to audio-record our conversation so that I can be sure to capture everything you say. Please feel free to let me know if you do not want to be audio-recorded. Be rest assured that all the information you provide today will be treated confidentially. The data will be reported only in an aggregated form. We will not disclose your identity to anyone, nor shall we report your names in the report. The interview will last for about 60-90 minutes. Do you have any questions or concerns about what we are going to do here today?

Do you agree to participate in the survey/study?

Thank you for your willingness to participate in the evaluation. I will now ask you questions we prepared for this evaluation. Let us get started.

1. Please tell me your name and your role in your organization.
2. How familiar are you with the GLOJ71, GLOK42, GLOK32 programmes? (Probe each programme separately).
  - In what ways were you involved in the design and implementation of the PTRS programmes on drug use disorders treatment and care?
  - How were direct beneficiaries and especially the most vulnerable groups involved in the design of PTRS programmes? (Probe for involvement of groups who use drugs or are at risk of using drugs such as women, children, people with disabilities, etc.).
  - What are some of the key challenges you have seen in mainstreaming Gender Equality and Human Rights considerations in the design and implementation of drug use disorder treatment and care programmes?

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- Could you describe the kind of technical and administrative guidelines your country has received from the Technical Advisory Group on drug use disorder treatment and care?
3. Have you worked directly with any of these programmes?
  - As far as you know, how have these programmes contributed to your country's policies on drug use disorder treatment and care services, if anything?
  - What has changed? (Probe for evidence-based approaches, changes in policies, changes in treatment and care services).
  - How has the context changed in your country since the launch of the Programmes until now? (Probe for impact of COVID-19)
4. What has your experience been with the programmes? Positive? Negative?
  - Can you give me examples of any positive or negative changes in your country because of the PTRS programmes? (Probe for benefits to direct beneficiaries, institutional capacity, enabling environment such as policies, legal, health).
  - How do you ensure regular identification of groups of the most vulnerable people who use drugs or are at risk of using drugs?
5. What factors do you feel enable or hinder country ownership of drug use disorder treatment and care services?
  - What needs to be done to overcome factors hindering the continuity of drug use disorder treatment and care services? By whom?
  - What factors facilitate or hinder leveraging of the strengths and capacities of your partnership with UNODC for more effective programme implementation?
6. What lessons have you learned from your partnership with the UNODC PTRS Programmes (GLOK32, GLOK42, GLOJ71)? Please give an example.
7. How do you feel the UNODC PTRS programmes on drug use disorders treatment and care could be improved? (Probe for institutional capacity, enabling environment, technical support).
8. Is there anything else you would like to share about your experience with the programmes?

Thank you very much for your time.

**SWOT Analysis Template**

**UNODC GLOK32 GLOK42 GLOJ71**

**3 main strengths**

**3 main weaknesses**

**3 main opportunities**

**3 main threats**

## ANNEX III: DESK REVIEW LIST

### UNODC DOCUMENTS

| Number | Title  |
|--------|--|
| 1      | UNODC organigram<br><a href="http://www.unodc.org/unodc/en/about-unodc/index.html">www.unodc.org/unodc/en/about-unodc/index.html</a>   |
| 2      | UNODC field office location guides<br><a href="http://www.unodc.org/unodc/en/field-offices.html">www.unodc.org/unodc/en/field-offices.html</a>   |
| 3      | UNODC mandate including International Drug Control Conventions<br><a href="http://www.unodc.org/unodc/en/commissions/CND/conventions.html">www.unodc.org/unodc/en/commissions/CND/conventions.html</a>   |
| 4      | The UNODC TREATNET Training Package Volume A to F<br><a href="http://www.unodc.org/unodc/en/treatment-and-care/treatnet-training-package.html">www.unodc.org/unodc/en/treatment-and-care/treatnet-training-package.html</a>  |
| 5      | UNODC PTRS website <a href="https://www.unodc.org/unodc/en/drug-prevention-and-treatment/index.html">https://www.unodc.org/unodc/en/drug-prevention-and-treatment/index.html</a>   |
| 6      | UNODC Strategy 2021-2025 <a href="https://www.unodc.org/unodc/strategy/index.html">https://www.unodc.org/unodc/strategy/index.html</a>   |
| 7      | 2021 UNODC-WHO Stop-Overdose-Safely (S-O-S) project implementation in Kazakhstan, Kyrgyzstan, Tajikistan and Ukraine Summary Report: UNODC-WHO Stop-Overdose-Safely (S-O-S) project implementation in Kazakhstan, Kyrgyzstan, Tajikistan and Ukraine: summary report   |
| 8      | UNODC-WHO Informal Scientific Network (ISN) Brochure <a href="http://www.unodc.org/documents/drug-prevention-and-treatment/UNODC_WHO_Informal_Scientific_Network_Brochure_March_21.pdf">www.unodc.org/documents/drug-prevention-and-treatment/UNODC_WHO_Informal_Scientific_Network_Brochure_March_21.pdf</a>  |
| 9      | Map of Countries Source: <a href="https://www.unodc.org/unodc/en/treatment-and-care/our-projects.html">https://www.unodc.org/unodc/en/treatment-and-care/our-projects.html</a>   |
| 10     | UNODC's new Regional Strategic Visions –e.g. the Strategic Vision for Africa 2020-2030 that was approved in February 2021: <a href="https://www.unodc.org/unodc/en/strategy/africa-vision.html">https://www.unodc.org/unodc/en/strategy/africa-vision.html</a> .   |
| 11     | 2021 UNODC-WHO Informal Scientific Network Statement 2021 Recommendations on Prevention, Treatment, and Care of Substance Use Disorders in Times of COVID-19 <a href="http://www.unodc.org/documents/drug-prevention-and-treatment/UNODC_WHO_Informal_Scientific_Network_Statement_2021.pdf">www.unodc.org/documents/drug-prevention-and-treatment/UNODC_WHO_Informal_Scientific_Network_Statement_2021.pdf</a>  |
| 12     | 2020 UNODC Informal Scientific Network Statement Managing Psychiatric Comorbidities in Drug Use Disorders <a href="http://www.unodc.org/documents/drug-prevention-and-treatment/2020_ISN_Statement.pdf">www.unodc.org/documents/drug-prevention-and-treatment/2020_ISN_Statement.pdf</a>   |
| 13     | 2020 WHO/UNODC International Standards for the Treatment of Drug Use Disorders <a href="http://www.unodc.org/documents/drug-prevention-and-treatment/UNODC-WHO_International_Standards_Treatment_Drug_Use_Disorders_April_2020.pdf">www.unodc.org/documents/drug-prevention-and-treatment/UNODC-WHO_International_Standards_Treatment_Drug_Use_Disorders_April_2020.pdf</a>  |
| 14     | 2020 UNODC Infographic Suggestions about treatment, care, rehabilitation of people with drug use disorder in the context of the COVID-19 pandemic<br><a href="http://www.unodc.org/documents/ropan/2020/UN_COVD_19_INFOGRAFIA.pdf">www.unodc.org/documents/ropan/2020/UN_COVD_19_INFOGRAFIA.pdf</a>  |
| 15     | 2020 UNODC TREATNET Family brochure Elements of family therapy for the treatment of adolescents with drug and other substance use disorders including adolescents in contact with or at risk of contact with the criminal justice system<br><a href="http://www.unodc.org/documents/drug-prevention-and-treatment/UNODC_Treatnet_Family_brochure_190320.pdf">www.unodc.org/documents/drug-prevention-and-treatment/UNODC_Treatnet_Family_brochure_190320.pdf</a> |

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|    |  |
|----|--|
| 16 | 2020 UNODC Drug Overdose: A Film About Life - Short film showcasing UNODC projects and UNODC/WHO collaboration on overdose prevention <a href="http://www.unodc.org/unodc/treatment-and-care/publications.html">www.unodc.org/unodc/treatment-and-care/publications.html</a>   |
| 17 | 2020 UNODC Final Report Treatnet Family: A Feasibility Study on Training on Elements of Family Therapy for Adolescents with Substance Use Disorders including those in Contact with the Criminal Justice System in Jakarta, Indonesia <a href="http://www.unodc.org/documents/drug-prevention-and-treatment/UNODC_Treatnet_Family_Final_Report_310321.pdf">www.unodc.org/documents/drug-prevention-and-treatment/UNODC_Treatnet_Family_Final_Report_310321.pdf</a> |
| 18 | 2020 UNODC-WHO Quality Assurance Presentation – Quality in Drug Use Disorder Treatment: Film <a href="http://www.unodc.org/unodc/treatment-and-care/publications.html">www.unodc.org/unodc/treatment-and-care/publications.html</a>  |
| 19 | 2020 UNODC Web Seminar - Drug Dependence Treatment, Care and Rehabilitation - 12 June 2020 - SE ASIA <a href="http://www.unodc.org/unodc/treatment-and-care/publications.html">www.unodc.org/unodc/treatment-and-care/publications.html</a>  |
| 20 | 2020 UNODC Practical Guidance for risk communication and community engagement (RCCE) for Refugees, Internally Displaced Persons (IDPs), Migrants, and Host Communities Particularly vulnerable to COVID-19 Pandemic <a href="http://www.unodc.org/documents/drug-prevention-and-treatment/Practical-Guidance-RCCE-Refugees-IDPs-Migrants.pdf">www.unodc.org/documents/drug-prevention-and-treatment/Practical-Guidance-RCCE-Refugees-IDPs-Migrants.pdf</a>         |
| 21 | 2020 UNODC Socioeconomic Inequalities and Drug Use Disorders: Current Knowledge and Future Directions for Research and Action Scientific Poster <a href="http://www.unodc.org/images/drug-prevention-and-treatment/UNODC_Social_inequalities_poster_170620.png">www.unodc.org/images/drug-prevention-and-treatment/UNODC_Social_inequalities_poster_170620.png</a>   |
| 22 | 2020 UNODC World Drug Report: Booklet 2 Drug Use and Health Consequences <a href="https://wdr.unodc.org/uploads/wdr2020/documents/WDR20_Booklet_2.pdf">https://wdr.unodc.org/uploads/wdr2020/documents/WDR20_Booklet_2.pdf</a>   |
| 23 | 2020 UNODC World Drug Report: Booklet 4 Cross-Cutting Issues- Evolving Trends and New Challenges <a href="https://wdr.unodc.org/uploads/wdr2020/documents/WDR20_BOOKLET_4.pdf">https://wdr.unodc.org/uploads/wdr2020/documents/WDR20_BOOKLET_4.pdf</a>   |
| 24 | 2020 UNODC World Drug Report: Booklet 5 Socioeconomic Characteristics and Drug Use Disorders <a href="http://wdr.unodc.org/wdr2020/en/socioeconomic.html">wdr.unodc.org/wdr2020/en/socioeconomic.html</a>  |
| 25 | 2020 UNODC, UNODC Strategy 2021-2025 <a href="https://www.unodc.org/unodc/en/strategy/full-strategy.html">https://www.unodc.org/unodc/en/strategy/full-strategy.html</a>   |
| 26 | 2019 Summary Table of Evidence-based strategies identified in the UNODC/WHO International Standards on Drug Use Prevention 2nd updated version. <a href="http://www.unodc.org/documents/drug-prevention-and-treatment/UNODC_2019_prevention_standards_2nd_edition_summary_table_PRE_PUBLICATION.pdf">www.unodc.org/documents/drug-prevention-and-treatment/UNODC_2019_prevention_standards_2nd_edition_summary_table_PRE_PUBLICATION.pdf</a>                       |
| 27 | 2019 UNODC Informal Scientific Network Statement Socioeconomic Inequalities and Substance Use Disorders Informal Scientific Network Statement <a href="http://www.unodc.org/documents/commissions/CND/2019/2019_OPENING/Scientific_Network.pdf">www.unodc.org/documents/commissions/CND/2019/2019_OPENING/Scientific_Network.pdf</a>   |
| 28 | 2019 EMCDDA/UNODC Drug Treatment Systems in the Western Balkans: Outcomes of a Joint EMCDDA-UNODC Survey of Drug Treatment Facilities <a href="http://www.unodc.org/documents/drug-prevention-and-treatment/EMCDDA_UNODC_Publication.pdf">www.unodc.org/documents/drug-prevention-and-treatment/EMCDDA_UNODC_Publication.pdf</a>   |
| 29 | 2019 UNODC Treatnet Family Intervention (TFI - formerly known as UNFT) Package for adolescents with drug and other substance use disorders including those in contact or at risk of contact with the criminal justice system Scientific Poster <a href="http://www.unodc.org/documents/19-04629_UNFT_Poster_90x140_ebook.pdf">www.unodc.org/documents/19-04629_UNFT_Poster_90x140_ebook.pdf</a>  |

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|    |   |
|----|---|
| 30 | 2019 UNODC Strong Families Programme: A family skills prevention programme for families in challenged settings Infographic <a href="http://www.unodc.org/documents/drug-prevention-and-treatment/Strong_families_Brochure.pdf">www.unodc.org/documents/drug-prevention-and-treatment/Strong_families_Brochure.pdf</a>   |
| 31 | 2019 UNODC - Time to Act! Pragmatic and concrete actions for prevention of non-medical use of controlled substances, treatment of drug use disorders, social protection and health care for people affected <a href="http://www.unodc.org/documents/drug-treatment/19-01046_Pragmatic_Action_Brochure_ebook.pdf">www.unodc.org/documents/drug-treatment/19-01046_Pragmatic_Action_Brochure_ebook.pdf</a>  |
| 32 | 2019 UNODC Discussion paper Treatment of Stimulant Use Disorders: Current Practices and Promising Perspectives <a href="http://www.unodc.org/documents/drug-prevention-and-treatment/Treatment_of_PSUD_for_website_24.05.19.pdf">www.unodc.org/documents/drug-prevention-and-treatment/Treatment_of_PSUD_for_website_24.05.19.pdf</a>   |
| 33 | 2019 UNODC Treatment of Stimulant Use Disorders: Current Practices and Promising Perspectives <a href="http://www.unodc.org/documents/drug-prevention-and-treatment/Treatment_of_PSUD_for_website_24.05.19.pdf">www.unodc.org/documents/drug-prevention-and-treatment/Treatment_of_PSUD_for_website_24.05.19.pdf</a>  |
| 34 | 2019 UNODC Scientific poster ' SOS Initiative Stop Overdose Safely UNODC-WHO multi-site implementation study on community management of opioid overdose including the use of naloxone for preventing overdose deaths <a href="http://www.unodc.org/documents/drug-treatment/UNODC_SOS_Poster_updated_November_19.pdf">www.unodc.org/documents/drug-treatment/UNODC_SOS_Poster_updated_November_19.pdf</a> |
| 35 | 2019 UNODC Scientific paper infographic Development of Quality Assurance Mechanism and Tools for drug use disorders treatment: Evaluation of good practices informed by science and ethical principles towards continuous quality improvement <a href="http://www.unodc.org/documents/19-04630_QA_Poster_90x140_ebook_FINAL.pdf">www.unodc.org/documents/19-04630_QA_Poster_90x140_ebook_FINAL.pdf</a>    |
| 36 | 2019 UNODC QUALITY STANDARDS FOR THE TREATMENT AND CARE OF DRUG USE DISORDERS <a href="http://WWW.UNODC.ORG/DOCUMENTS/DRUG-PREVENTION-AND-TREATMENT/500XUNODC_ROLL_UP_400X865_DRUCK_EN.PDF">WWW.UNODC.ORG/DOCUMENTS/DRUG-PREVENTION-AND-TREATMENT/500XUNODC_ROLL_UP_400X865_DRUCK_EN.PDF</a>  |
| 37 | 2018 UNODC Informal Scientific Network Statement Plenary <a href="http://www.unodc.org/documents/drug-prevention-and-treatment/2018_ISN_Statement.pdf">www.unodc.org/documents/drug-prevention-and-treatment/2018_ISN_Statement.pdf</a>   |
| 38 | 2018 WHO-UNODC Substance Use Disorder Treatment Facility Survey Draft for field testing <a href="http://www.unodc.org/documents/WHO_UNODC_Facility_survey_Draft_for_field_testing_March_2018.pdf">www.unodc.org/documents/WHO_UNODC_Facility_survey_Draft_for_field_testing_March_2018.pdf</a>  |
| 39 | 2018 UNODC Technical Guidance: Increasing Access and Availability of Controlled Medicines <a href="http://www.unodc.org/documents/drug-prevention-and-treatment/UNODC_2018_technical_guidance_on_promoting_access_at_national_level.pdf">www.unodc.org/documents/drug-prevention-and-treatment/UNODC_2018_technical_guidance_on_promoting_access_at_national_level.pdf</a>                                |
| 40 | 2019 UNODC/WHO Treatment and Care for People with Drug Use Disorders in Contact with the Criminal Justice System: Alternatives to Conviction or Punishment <a href="http://www.unodc.org/documents/UNODC_WHO_Alternatives_to_conviction_or_punishment_EN_G.pdf">www.unodc.org/documents/UNODC_WHO_Alternatives_to_conviction_or_punishment_EN_G.pdf</a>   |
| 41 | 2018 UNODC Scientific poster/infographic Treatment and Care for People with Drug Use Disorders in Contact with the Criminal Justice System: Alternatives to Conviction or Punishment <a href="http://www.unodc.org/documents/drug-prevention-and-treatment/19-0342_Alternative_poster_A0_nd.pdf">www.unodc.org/documents/drug-prevention-and-treatment/19-0342_Alternative_poster_A0_nd.pdf</a>           |
| 42 | 2018 UNODC Policymakers Concept note Training Package on the Nature Prevention and Treatment of Drug Use Disorders <a href="http://www.unodc.org/documents/drug-prevention-and-treatment/UNODC_Policymakers_TrainingPackage.pdf">www.unodc.org/documents/drug-prevention-and-treatment/UNODC_Policymakers_TrainingPackage.pdf</a>   |
| 43 | 2018 UNODC/WHO International Standards on Drug Use Prevention - UNODC/WHO Second Updated Edition <a href="http://www.unodc.org/unodc/en/prevention/prevention-standards.html">www.unodc.org/unodc/en/prevention/prevention-standards.html</a>   |
| 44 | 2017 UNODC/WHO THE S-O-S INITIATIVE—STOP OVERDOSE SAFELY <a href="https://www.unodc.org/documents/UNODC_WHO_SOS_Initiative_2017.pdf">https://www.unodc.org/documents/UNODC_WHO_SOS_Initiative_2017.pdf</a>  |
| 45 | 2017 UNODC Informal Scientific Network Statement Drug use disorders: impact of a public health rather than a criminal justice approach <a href="http://www.unodc.org/documents/drug-prevention-and-treatment/2017_ISN_Statement.pdf">www.unodc.org/documents/drug-prevention-and-treatment/2017_ISN_Statement.pdf</a>   |

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|----|--|
| 46 | 2017 UNODC Special Population series Prevention of Drug Use and Treatment of Drug Use Disorders in Rural Settings. <a href="http://www.unodc.org/documents/17-01904_Rural_treatment_ebook.pdf">www.unodc.org/documents/17-01904_Rural_treatment_ebook.pdf</a>  |
| 47 | 2016 UNODC Book of Abstracts: Scientific Consultation on Prevention of Drug Use and Treatment of Drug Use Disorders, 8-10 December 2015 <a href="http://www.unodc.org/documents/drug-prevention-and-treatment/UNODC_2016_scientific_consultation_2015_book_of_abstracts_web_version.pdf">www.unodc.org/documents/drug-prevention-and-treatment/UNODC_2016_scientific_consultation_2015_book_of_abstracts_web_version.pdf</a> |
| 48 | 2016 UNODC Informal Scientific Network Statement United Nations General Assembly Special Session on Drugs (UNGASS 2016) <a href="http://www.unodc.org/documents/ungass2016/Contributions/Civil/Informal_Scientific_Network_Statement/POST_SN_meeting_draft_FINAL.pdf">www.unodc.org/documents/ungass2016/Contributions/Civil/Informal_Scientific_Network_Statement/POST_SN_meeting_draft_FINAL.pdf</a>                       |
| 49 | 2016 Guidelines on drug prevention and treatment for girls and women <a href="http://www.unodc.org/documents/drug-prevention-and-treatment/unodc_2016_drug_prevention_and_treatment_for_girls_and_women_E.pdf">www.unodc.org/documents/drug-prevention-and-treatment/unodc_2016_drug_prevention_and_treatment_for_girls_and_women_E.pdf</a>  |
| 50 | 2016 UNODC Listen First! A campaign on evidence-based drug prevention <a href="http://www.unodc.org/unodc/en/listen-first/">www.unodc.org/unodc/en/listen-first/</a>   |
| 51 | 2015 UNODC World Drug Report Section D (Drug use prevention - What works in drug use prevention?) and E (Treatment of drug use - Treatment of drug use disorders and dependence) <a href="http://www.unodc.org/documents/wdr2015/World_Drug_Report_2015.pdf">www.unodc.org/documents/wdr2015/World_Drug_Report_2015.pdf</a>  |
| 52 | 2014 UNODC Guidance for Community-Based Treatment and Care Services for People Affected by Drug Use and Dependence in South East Asia <a href="http://www.unodc.org/documents/drug-treatment/UNODC_cbtx_guidance_EN.pdf">www.unodc.org/documents/drug-treatment/UNODC_cbtx_guidance_EN.pdf</a>   |
| 53 | 2014 UNODC Guidance for Community-Based Treatment and Care Services for People Affected by Drug Use and Dependence in Southeast Asia. <a href="http://www.unodc.org/documents/drug-treatment/UNODC_cbtx_guidance_EN.pdf">www.unodc.org/documents/drug-treatment/UNODC_cbtx_guidance_EN.pdf</a>   |
| 54 | 2013 UNODC/WHO Discussion Paper Opioid overdose: preventing and reducing opioid overdose mortality <a href="http://www.unodc.org/docs/treatment/overdose.pdf">www.unodc.org/docs/treatment/overdose.pdf</a>  |
| 55 | 2012 UNODC TREATNET Quality Standards for Drug Dependence Treatment and Care Services <a href="http://www.unodc.org/docs/treatment/treatnet_quality_standards.pdf">www.unodc.org/docs/treatment/treatnet_quality_standards.pdf</a>   |
| 56 | 2012 UNODC Get the Facts about Drugs <a href="http://www.unodc.org/documents/drug-prevention-and-treatment/UNODC_getthefacts12_EN.pdf">www.unodc.org/documents/drug-prevention-and-treatment/UNODC_getthefacts12_EN.pdf</a>  |
| 57 | 2012 UNODC Cannabis: a short review <a href="http://www.unodc.org/documents/drug-prevention-and-treatment/cannabis_review.pdf">www.unodc.org/documents/drug-prevention-and-treatment/cannabis_review.pdf</a>   |
| 58 | 2012 UNODC Youth Initiative Discussion Guide <a href="http://www.unodc.org/documents/prevention/youth_initiative_discussion_guide_E.pdf">www.unodc.org/documents/prevention/youth_initiative_discussion_guide_E.pdf</a>  |
| 59 | 2011 UNODC Nonmedical use of prescription drugs Policy Direction Issues <a href="http://www.unodc.org/documents/drug-prevention-and-treatment/nonmedical-use-prescription-drugs.pdf">www.unodc.org/documents/drug-prevention-and-treatment/nonmedical-use-prescription-drugs.pdf</a>   |
| 60 | 2011 UNODC Ensuring availability of controlled medications for the relief of pain and preventing diversion and abuse; 2011 Sustainable livelihoods: A broader vision <a href="http://www.unodc.org/docs/treatment/Pain/Ensuring_availability_of_controlled_medications_FINAL_15_March_CND_version.pdf">www.unodc.org/docs/treatment/Pain/Ensuring_availability_of_controlled_medications_FINAL_15_March_CND_version.pdf</a>  |
| 61 | 2011 UNODC Sustainable livelihoods: A broader vision <a href="http://www.unodc.org/documents/drug-prevention-and-treatment/UNODC_Sustainable_livelihoods.pdf">www.unodc.org/documents/drug-prevention-and-treatment/UNODC_Sustainable_livelihoods.pdf</a>  |
| 62 | 2010 UNODC Compilation of Evidence-Based Family Skills Training Programmes for prevention <a href="http://www.unodc.org/documents/prevention/family-compilation.pdf">www.unodc.org/documents/prevention/family-compilation.pdf</a>   |
| 63 | 2010 UNODC-WHO Joint Programme on drug dependence treatment and care brochure <a href="http://www.unodc.org/documents/drug-treatment/UNODC-WHO-brochure.pdf">www.unodc.org/documents/drug-treatment/UNODC-WHO-brochure.pdf</a>   |
| 64 | 2010 UNODC Discussion Paper From Coercion to Cohesion: treating Drug Dependence Through Health Care, Not Punishment <a href="http://www.unodc.org/docs/treatment/Coercion_Ebook.pdf">www.unodc.org/docs/treatment/Coercion_Ebook.pdf</a>   |

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|                        |  |
|------------------------|--|
| 65                     | 2010 UNODC World Drug Report 2010<br><a href="https://www.unodc.org/documents/wdr/WDR_2010/World_Drug_Report_2010_lo-res.pdf">https://www.unodc.org/documents/wdr/WDR_2010/World_Drug_Report_2010_lo-res.pdf</a>   |
| 66                     | 2009 UNODC/WHO Discussion Paper Principles of Drug Dependence Treatment<br><a href="http://www.unodc.org/unodc/drug-prevention-and-treatment/publications/data/principles-of-drug-dependence-treatment---unodc-who-discussion-paper.html">www.unodc.org/unodc/drug-prevention-and-treatment/publications/data/principles-of-drug-dependence-treatment---unodc-who-discussion-paper.html</a>  |
| 67                     | 2009 UNODC Discussion Paper Reducing the adverse health and social consequences of drug abuse: a comprehensive approach<br><a href="http://www.unodc.org/docs/treatment/Reducing_the_Adverse_Health_and_Social_Consequences_of_Abuse.pdf">www.unodc.org/docs/treatment/Reducing_the_Adverse_Health_and_Social_Consequences_of_Abuse.pdf</a>  |
| 68                     | 2009 UNODC Guide to implementing family skills training programmes for drug abuse prevention<br><a href="http://www.unodc.org/documents/prevention/family-guidelines-E.pdf">www.unodc.org/documents/prevention/family-guidelines-E.pdf</a>   |
| 69                     | 2008 UNODC Drug Dependence Treatment: Community Based Treatment<br><a href="http://www.unodc.org/docs/treatment/CBTS_AB_24_01_09_accepted.pdf">www.unodc.org/docs/treatment/CBTS_AB_24_01_09_accepted.pdf</a>  |
| 70                     | 2008 UNODC Drug Dependence Treatment: Role in the Prevention and Care of HIV and AIDS<br><a href="http://www.unodc.org/docs/treatment/111_HIV.pdf">www.unodc.org/docs/treatment/111_HIV.pdf</a>  |
| 71                     | 2008 UNODC Drug Dependence Treatment: Sustained Recovery Management<br><a href="http://www.unodc.org/docs/treatment/111SUSTAINED_RECOVERY_MANAGEMENT.pdf">www.unodc.org/docs/treatment/111SUSTAINED_RECOVERY_MANAGEMENT.pdf</a>  |
| 72                     | 2008 Drug Dependence Treatment: Interventions for Drug Users in Prison<br><a href="http://www.unodc.org/documents/drug-prevention-and-treatment/UNODC_TX_in_Prisons.pdf">www.unodc.org/documents/drug-prevention-and-treatment/UNODC_TX_in_Prisons.pdf</a>   |
| <b>GLOJ71 (N=83)</b>   |  |
| 155                    | 2008. Evaluation of Treatnet 2008.<br>2012. Independent evaluation of GLOJ71.<br>2013. Terminal report GLOJ71<br>Financial reports 2011-2019<br>Donor reports US-INL Cabo Verde, Liberia, Afghanistan and Central Asia 2013 (Q2;Q4)<br>Donor reports US-INL Cabo Verde, Liberia, Afghanistan and Central Asia 2014 (Q1-4)<br>Donor reports US-INL Cabo Verde, Liberia and Central Asia 2015 (Q1-Q4)<br>Donor reports US-INL Cabo Verde and Central Asia 2016 (Q1-Q4)<br>Donor reports US-INL Cabo Verde and Central Asia 2017 (Q1-Q4)<br>Donor reports US-INL Cabo Verde, Liberia, Afghanistan and Central Asia 2018 (Q1-4)<br>Donor reports US-INL Central Asia 2019 (Q1-4)<br>Donor reports US-INL Cabo Verde, Liberia, Afghanistan and Central Asia 2020 (Q1-4)<br>Donor reports US-INL Central Asia, Latin America, and the Caribbean 2021 (Q1)<br>Annual reports 2010-2019;<br>Semi annual reports 2012-2020<br>Partnership agreements 2019; 2021<br>Pre Umoja Pledges Canada, Germany, Japan, OFID, ONE UN, Spain, Sweden and US.<br>Pledge letters Spain, Sweden and the US.<br>Project revisions 2007-2011; 2015; 2017 |
| <b>GLOK32 (N= 127)</b> |  |
| 282                    | Financial reports 2010-2019<br>Donor Reports France (2012, 2013, 2014, 2015, 2017, 2018, 2019, 2020)<br>Donor Reports Italy (2012, 2013, 2014, 2015, 2016, 2020)<br>Donor Reports Japan (2016-2020),<br>Donor Reports Russia (2018, 2019),<br>Donor Reports Sweden (2010, 2014, 2015, 2020),<br>Donor Reports Switzerland (2020, 2021)<br>Donor Reports US INL. 2013 (Q3, Q4 and full progress report), 2014(Q1-Q4), 2015 (Q1-Q4); 2016(Q1-Q4); 2014 Narrative Report on WHO activities,2017(Q1-Q4); 2018(Q1-Q4), 2018 UNODC Mentors Network Impact report; 2019(Q1-Q4), 2019 UNODC Mentors Network Impact report; 2020 (Q1-Q4); 2021(Q1).<br>Annual reports 2010-2019   |

Independent Mid-term In-depth Cluster Evaluation of UNODC Work on Drug Dependence and Treatment (Global Programmes GLOJ71, GLOK32, and GLOK42)

|     |  |
|-----|--|
|     | <p>Semin annual reports 2012-2019<br/>                 2018 Joint statement INCB, WHO and UNODC<br/>                 WHO agreements 2009, 2011, 2013, 2015, 2016, 2017 amendment, 2017 extension, 2018, 2019 amendment 7 and 8; 2020 amendments 9,10 and 11.<br/>                 Training material based on the WHO guidelines for identification and management of substance use and substance use disorders in pregnancy (pocket guide, 2019 reference book, 8 exercises, training evaluations docs)<br/>                 2010 memorandum WHO-UNODC<br/>                 2011-2014 Amendments WHO-UNODC<br/>                 2017-2019 Amendments WHO-UNODC<br/>                 2021 Amendments WHO-UNODC<br/>                 2021 Gender mainstreaming checklist<br/>                 GLOK32 Project Revision 2020-2021</p>  |
|     | <b>GLOK42 (N=58)</b>   |
| 340 | <p>Annual reports 2011-2020<br/>                 Semi annual reports 2012--2020<br/>                 Quarterly reports 2013 (Q4)<br/>                 Quarterly reports 2014 (Q1, Q2, Q3, Q4)<br/>                 Quarterly reports 2015 (Q1, Q2, Q3, Q4)<br/>                 Quarterly reports 2016 (Q1, Q2, Q3, Q4)<br/>                 Quarterly reports 2017 (Q1, Q2, Q3, Q4)<br/>                 Quarterly reports 2018 (Q1, Q2,Q3,Q4)<br/>                 Project revision 2012, 2016, 2017<br/>                 Financial reports 2011-2019, 2020, 2021 Q1.<br/> <b>Substantive samples</b> GLOK42 Monitoring tool, monitoring visit report, UNODC Children, Adolescents and Families – Psychosocial Implementation Manual: Screening-Assessment, Intervention and Evaluation pilot project, technical report 2014, 2013 training needs assessment of drug dependence staff report, 2012 training plan, 2013 training report in Kabul; 2013 Pharmacological Protocol: Implementing standards for treatment of opioid dependent women and children in Kabul, Afghanistan.</p> |
|     | <b>UNODC Evaluation (N=6)</b>  |
| 341 | 2017 UNODC Independent Evaluation Section: Evaluation-based analysis of good practices in UNODC's approach to capacity building <a href="http://www.unodc.org/documents/evaluation/Knowledge-Products/UNODC_IEU_Evaluation-based_Capacity_Building_Analysis_final_October_2017.pdf">www.unodc.org/documents/evaluation/Knowledge-Products/UNODC_IEU_Evaluation-based_Capacity_Building_Analysis_final_October_2017.pdf</a>   |
| 342 | UNODC Independent Evaluation Section: Meta-Analysis 2015-2016 <a href="http://www.unodc.org/documents/evaluation/Meta-Analysis/UNODC_IEU_Evaluation_Meta-Analysis_2015-2016.pdf">www.unodc.org/documents/evaluation/Meta-Analysis/UNODC_IEU_Evaluation_Meta-Analysis_2015-2016.pdf</a>   |
| 343 | UNODC Independent Evaluation Section: Meta-Analysis 2011-2014 <a href="http://www.unodc.org/documents/evaluation/Meta-Analysis/UNODC_Evaluation_Meta-Analysis_2011-2014.pdf">www.unodc.org/documents/evaluation/Meta-Analysis/UNODC_Evaluation_Meta-Analysis_2011-2014.pdf</a>   |
| 344 | 2013 UNODC Guidance Note on Gender Mainstreaming in UNODC, <a href="http://www.unodc.org/documents/Gender/UNODC-GuidanceNote-GenderMainstreaming.pdf">www.unodc.org/documents/Gender/UNODC-GuidanceNote-GenderMainstreaming.pdf</a>  |
| 345 | 2012 UNODC Position Paper on Human Rights <a href="http://www.unodc.org/documents/justice-and-prison-reform/UNODC_Human_rights_position_paper_2012.pdf">www.unodc.org/documents/justice-and-prison-reform/UNODC_Human_rights_position_paper_2012.pdf</a>   |
| 346 | UNODC Evaluation tools, guidance and Inception/Evaluation/Brief templates <a href="http://www.unodc.org/unodc/en/evaluation/guidelines-and-templates.html">www.unodc.org/unodc/en/evaluation/guidelines-and-templates.html</a>   |
|     | <b>Academic Outputs</b>  |
| 347 | Busse A, Kashino W, Suhartono S, Narotama N, Pelupessy D, Irwanto, Essau CA. An open trial investigation of Treatnet Family among adolescents with substance use problems. <i>Addict</i>   |

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|     |   |
|-----|---|
|     | Behav Rep. 2021 May 27;14:100358. doi: 10.1016/j.abrep.2021.100358. PMID: 34141858; PMCID: PMC8185142.  |
| 348 | Momand AS, Mattfeld E, Morales B, Ul Haq M, Browne T, O'Grady KE, Jones HE. Implementation and Evaluation of an Intervention for Children in Afghanistan at Risk for Substance Use or Actively Using Psychoactive Substances. Int J Pediatr. 2017;2017:2382951. doi: 10.1155/2017/2382951. Epub 2017 Jul 5. PMID: 28932246; PMCID: PMC5591973.                  |
| 349 | Busse A, Kashino W, Suhartono S, Narotama N, Campello G, Irwanto, Pelupessy D, Piercy FP, Essau CA. Fidelity Assessment of the Treatnet family (TF): A family-based intervention for adolescents with substance use disorders and their families. Addict Behav Rep. 2021 Jun 11;14:100363. doi: 10.1016/j.abrep.2021.100363. PMID: 34195349; PMCID: PMC8237290. |
| 350 | 2021 UNODC-WHO Stop-Overdose-Safely (S-O-S) project implementation in Kazakhstan, Kyrgyzstan, Tajikistan and Ukraine  |

Total number of UNODC documents reviewed: 350

## EXTERNAL DOCUMENTS

| Number | Title  |
|--------|--|
| 1      | 2020 UNEG Ethical Guidelines for Evaluation<br>Detail of UNEG Ethical Guidelines for Evaluation (unevaluation.org)   |
| 2      | 2016 UNGASS Outcome Document of the 2016 UN General Assembly Special Session on the World Drug Problem: Our Joint Commitment to effectively addressing and countering the World Drug Problem.<br><a href="http://www.unodc.org/documents/postungass2016/outcome/V1603301-E.pdf">www.unodc.org/documents/postungass2016/outcome/V1603301-E.pdf</a>  |
| 3      | UN Political Declaration and Plan of Action 2009<br><a href="http://www.unodc.org/unodc/en/commissions/CND/Political_Declarations/Political-Declarations_2009-Declaration.html">www.unodc.org/unodc/en/commissions/CND/Political_Declarations/Political-Declarations_2009-Declaration.html</a>   |
| 4      | CND resolutions: 2000-2009; 2010-2019; 2020-2029<br><a href="http://www.unodc.org/unodc/en/commissions/CND/Resolutions_Decisions/resolutions-and-decisions-2020-2029.html">www.unodc.org/unodc/en/commissions/CND/Resolutions_Decisions/resolutions-and-decisions-2020-2029.html</a>   |
| 5      | 2019 Ministerial declaration on strengthening our actions at the national, regional and international levels to accelerate the implementation of our joint commitments to address and counter the world drug problem<br><a href="http://www.unodc.org/documents/commissions/CND/2019/Ministerial_Declaration.pdf">www.unodc.org/documents/commissions/CND/2019/Ministerial_Declaration.pdf</a> |
| 6      | 2016 UNEG Norms and Standards for Evaluation;<br>Detail of Norms and Standards for Evaluation (2016) (unevaluation.org)<br><a href="http://www.betterevaluation.org/sites/default/files/UNEG%20Norms%20Standards%20for%20Evaluation_WEB.pdf">www.betterevaluation.org/sites/default/files/UNEG%20Norms%20Standards%20for%20Evaluation_WEB.pdf</a>  |
| 7      | 2014 WHO Guidelines for identification and management of substance use and substance use disorders in pregnancy <a href="http://www.who.int/publications/i/item/9789241548731">www.who.int/publications/i/item/9789241548731</a>   |

Independent Mid-term In-depth Cluster Evaluation of UNODC Work on Drug Dependence and Treatment (Global Programmes GLOJ71, GLOK32, and GLOK42)

| Number | Title   |
|--------|---|
| 8      | Daniel O’Keefe et al, Measures of harm reduction service provision for people who inject Drugs, WHO Bulletin, 2019,97:605–611<br><a href="http://www.who.int/bulletin/volumes/97/9/18-224089.pdf">www.who.int/bulletin/volumes/97/9/18-224089.pdf</a>                       |
| 9      | 2011 UNEG Integrating Human Rights and Gender Equality in evaluation, <a href="http://www.ungei.org/publication/integrating-human-rights-and-gender-equality-evaluation">www.ungei.org/publication/integrating-human-rights-and-gender-equality-evaluation</a>              |
| 10     | 1964 WHO Technical Report Series no.273: Expert Committee on Addiction-Producing Drugs. Thirteenth Report of the WHO expert Committee, Geneva: World Health Organisation.   |
| 11     | THE NATIONAL ANTI-NARCOTICS POLICY-2019, Ministry of Narcotics Control, Government of Pakistan<br><a href="http://www.anf.gov.pk/library/ncd/The-National-Anti-Narcotics-Policy-2019.pdf">http://www.anf.gov.pk/library/ncd/The-National-Anti-Narcotics-Policy-2019.pdf</a> |

Total number of external documents reviewed: 11

## ANNEX IV: STAKEHOLDERS CONTACTED DURING THE EVALUATION

### QUALITATIVE

| Number of interviewees | Organisation   | Type of stakeholder (see note below) | Sex disaggregated data | Country   |
|------------------------|--|--------------------------------------|------------------------|---|
| 4                      | Permanent Mission of the Kingdom of Spain to the International Organizations in Vienna; World Health Organisation; African Union   | Key UN Partner Organization          | Male:3<br>Female:1     | Switzerland;<br>Ethiopia;<br>Spain  |
| 15                     | Burnet Institute; World Federation for the Treatment of Opioid Dependence; Colombo Plan; ADP Consultancy; School of Medicine University of North Carolina; National Institute on Drug Abuse (NIDA); European Monitoring Centre for Drugs and Drug Addiction (EMCDDA); Inter-American Drug Abuse Control Commission (CICAD); International Narcotics and Law Enforcement Affairs Section (INL); International Society of Substance Use Prevention and Treatment Professionals | Other Partner Organizations          | Male:7<br>Female:8     | United States;<br>Australia;<br>Chile;<br>Sri Lanka;<br>United Kingdom;<br>USA;<br>Portugal |
| 3                      | NGO  | Implementing partner                 | Male: 2<br>Female:1    | Afghanistan;<br>Italy   |
| 9                      | UNODC PTRS   | -                                    | Male:4<br>Female:5     | Austria   |

**Independent Mid-term In-depth Cluster Evaluation of UNODC Work on Drug Dependence and Treatment (Global Programmes GLOJ71, GLOK32, and GLOK42)**

|   |                                    |  |                                      |   |
|---|------------------------------------|--|--------------------------------------|---|
| 1   | UNODC-WHO                          |  | Male:<br>Female:1                    | Switzerland   |
| 1   | UNODC Research and Analysis Branch |  | Male: 1<br>Female:                   | Vienna  |
| 12  | UNODC Field                        |  | Male: 5<br>Female:7                  | Benin<br>Thailand<br>South Africa<br>Pakistan<br>Ukraine<br>Uzbekistan<br>Kazakhstan<br>Palestine |
| <b>Total: 45</b>  |                                    |  | <b>Male: 22</b><br><b>Female: 23</b> |   |
| <b>Note:</b> A stakeholder could be a Civil Society Organisation; Project/Programme implementer; Government recipient; Donor; Academia/Research institute; etc. |                                    |  |                                      |   |

## QUANTITATIVE

| Number of interviewees | Organisation   | Type of stakeholder (see note below) | Sex disaggregated data | Country  |
|------------------------|--|--------------------------------------|------------------------|--|
| 9                      | University of Adelaide;<br>Medical University of Vienna Center for Public Health, Department of Psychiatry & Psychotherapy;<br>National research partners SOS study;<br>National Institute of Psychiatry Ramón de la Fuente;<br>University of Uyo;<br>NIDA International Programmes;<br>Current International Drug Demand Reduction Expert | Academia/Research institute          | Male: 7<br>Female: 2   | Australia<br>Austria<br>Kyrgyzstan<br>Mexico<br>Nigeria<br>Russia<br>USA |

Independent Mid-term In-depth Cluster Evaluation of UNODC Work on Drug Dependence and Treatment (Global Programmes GLOJ71, GLOK32, and GLOK42)

| Number of interviewees | Organisation   | Type of stakeholder (see note below) | Sex disaggregated data | Country  |
|------------------------|--|--------------------------------------|------------------------|--|
| 1                      | Local provider in Afghanistan  | Civil Society Organisation           | Male: 1<br>Female: 0   | Afghanistan  |
| 14                     | Former secretary Russian PM; First Secretary, Permanent Mission of the Russian Federation to the International Organisations in Vienna; Permanent Representative to United Nations (Vienna), to UNIDO, to CTBTO, to IAEA; Permanent Mission of Japan to the International Organizations in Vienna; Government of Canada; Former Ambassador to Egypt, Chair of the Board; Permanent Mission of the French Republic to the International Organizations in Vienna; Permanent Representative to United Nations (Vienna) and CTBTO / Resident Representative to IAEA; Counselor Advisor to the Permanent Representative to United Nations (Vienna); National Rehabilitation | Donor                                | Male: 6<br>Female: 8   | Austria<br>Canada<br>Egypt<br>France<br>Sweden<br>Switzerland<br>United Arab Emirates<br>USA |

Independent Mid-term In-depth Cluster Evaluation of UNODC Work on Drug Dependence and Treatment (Global Programmes GLOJ71, GLOK32, and GLOK42)

| Number of interviewees | Organisation  | Type of stakeholder (see note below) | Sex disaggregated data | Country   |
|------------------------|---|--------------------------------------|------------------------|---|
|                        | centre, United Arab Emirates;<br>Foreign Affairs Officer;<br>Senior Foreign Affairs Officer   |                                      |                        |   |
| 14                     | Manager of the Mental Health Project;<br>Prevention Area Coordinator;<br>Mental Health Unit Technician;<br>Healthy Lifestyles Program Coordinator;<br>Ministry of Health and Public Hygiene / PNLTA;<br>Deputy General Director, Focal Point of the project GLOJ71;<br>Deputy Director, Mental Health and Substance Abuse Unit;<br>CEO, National Authority for the Campaign Against Alcohol and Drug;<br>Chief of SUDs Department;<br>Psychiatrist, Community Mental Health Centre of Barranco;<br>Ministry of Health, Addictions Focal Point;<br>National research partners SOS study; | Government recipient                 | Male: 10<br>Female: 4  | Afghanistan<br>Ecuador<br>El Salvador<br>Italy<br>Ivory Coast<br>Kazakhstan<br>Kenya<br>Peru<br>Senegal<br>Tajikistan |
| 1                      | Local Service Provider for Rural treatment pilot in Pakistan;   |                                      | Male: 1<br>Female: 0   | Pakistan  |

Independent Mid-term In-depth Cluster Evaluation of UNODC Work on Drug Dependence and Treatment (Global Programmes GLOJ71, GLOK32, and GLOK42)

| Number of interviewees | Organisation  | Type of stakeholder (see note below)    | Sex disaggregated data                                       | Country   |
|------------------------|---|---|--|---|
| 23                     | Key UNODC Field Office & Headquarters Staff; UNODC consultants; UNODC PTRS Mentors;                         | Key UNODC field staff                   | Male: 11<br>Female: 12                                       | Spain<br>UK<br>Togo<br>Brazil<br>Cambodia<br>Central Asia<br>East Africa<br>Indonesia<br>Iran<br>Italy<br>Ivory Coast<br>Lao PDR<br>Myanmar<br>Panama<br>Peru<br>Philippines<br>Serbia<br>Spain<br>Switzerland<br>Tajikistan<br>UK<br>Ukraine |
| 1                      | UNODC Headquarters Staff  | Key UNODC HQ staff                      | Male: 0<br>Female: 1   | Austria   |
| 2                      | Medical Officer, WHO;<br>Former Director of the Department of Mental Health and Substance Abuse at the WHO; | UN Agency                               | Male: 1<br>Female: 1   | Switzerland<br>USA  |
| 10                     | NA  | Anonymous Surveys (Missing Information) | Male: NA<br>Female: NA                                       | NA  |
| <b>Total: 75</b>       |   |   | <b>Male: 38</b><br><b>Female: 27</b><br><b>Anonymous: 10</b> |   |
|                        |   |   |  |   |